

PET LICENSE APPLICATION

CITY OF TECUMSEH
P.O. BOX 417
TECUMSEH, NE 68450
402-335-3570

Any person within the city limits who owns a dog(s) or cat(s) over 6 months of age is required to obtain a license for their dog(s) or cat(s) **annually**. A license is required within 30 days of acquiring a new pet.

The license will help us return your pet to you in case they are lost. Failure to comply with licensing of your dog(s) or cat(s) could result in a citation. As an owner, here are some things you need to know:

Limits: 3 Dogs per Household
Licensing Period: Calendar Year – January through December
License Due: January 1
License Delinquent: January 31
Cost to Replace Tag: One-Half the Original Cost to License Your Pet

The cost to license your pet is as follows:

| | | | | | |
|-------------------------|-----------------|---------|---------------------|-----------------|---------|
| Prior to 01/31 : | Female Dog/Cat | \$51.25 | After 01/31: | Female Dog/Cat | \$61.25 |
| | Male Dog/Cat | \$51.25 | | Male Dog/Cat | \$61.25 |
| | Spayed/Neutered | \$11.25 | | Spayed/Neutered | \$21.25 |

All license fees include a \$1.25 state fee to fund the Nebraska Dog and Cat Inspection Program.

To Obtain A License:

Licenses may be purchased at Tecumseh City Hall, located at 122 S. 4th Street, Monday through Friday. Office hours are 7:30am - 4:00pm.

Please bring a rabies certificate with expiration date of current vaccination, a receipt from your veterinarian showing the animal is spayed or neutered, and check or cash for the amount required for each animal to be licensed.

OR:

Fill out the below form and return to Tecumseh City Hall by mail to our PO Box, or by drop off in our bill pay drop box in front of City Hall.

Please include copies of rabies certificate with expiration date of current vaccination, and copies of receipt from your veterinarian showing the animal is spayed or neutered, pets name, color, breed, and check or cash for the exact amount required for each animal to be licensed. Tags will be mailed to you.

DATE: _____

OWNER'S NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

TOTAL RECEIVED: _____