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1969 Central Avenue
Lake Station, IN 46405
Phone (219) 962-2081 Ext. 204 Fax (219) 963-9275
Clerk Treasurer: Brenda Samuels

Application for Animal License

Date: _____

Animal Owner: _____

Address: _____

Phone: _____ Cell Phone _____

Name of Pet: _____ Breed: _____

Color: _____ Sex: _____ Spayed/Neutered: Yes _____ No _____

Signature of Owner: _____ **Date:** _____

OFFICE USE ONLY:

City Tag Number: _____ Expired Rabies Vaccine Date: _____ Rabies Tag Number: _____

I CERTIFY THAT MY ANIMAL HAS HAD ITS RABIES SHOTS AS REQUIRED BY LAW: WITHIN SEVEN (7) DAYS OF REGISTERING MY PET WITH A PREPAID RABIES SHOT, I WILL SUPPLY THE CITY WITH CORRECT DOCUMENTATION.

****To receive an animal license, we will need a copy of the rabies vaccine certificate. **
Per Amended Ordinance No. 2021-08**

Fee for Spaded/Neutered: \$5 Fee for Non-Spayed/Neutered: \$10