

City of Menlo

417 Sherman Street
PO Box 190
Menlo, Iowa 50164

Phone: (641) 524-2411
Fax: (641) 524-4000
Email: menloia@netins.net

Date: _____

Information Needed to License Your Pets.

Owner Name, Address & Phone Number:

Pet: Dog _____ Cat _____

Male _____ Female _____ Spayed or Neutered: Yes _____ No _____

Name of Animal _____

Color/markings _____

Breed: _____

Age: _____

ENCLUDE A COPY OF:

Proof of Rabies Vaccination (copy from veterinarian)

Proof of Sterilization-if sterilized. (from veterinarian)

Fees: Per Year/Per Pet

Due January each year.

Delinquent July 1 with delinquent fee of \$5.00 per week /per pet.

Dogs: \$15.00 unsterilized \$3.00 sterilized

Cats: \$10.00 unsterilized \$3.00 sterilized

Make Check Payable To: City of Menlo
Mail To: PO Box 190
Menlo, IA 50164