

CITY OF WOOD RIVER

108 W. 10TH ST, PO BOX 8
WOOD RIVER, NE 68883-0008
(308)583-2066

Pet License Application

CAT / DOG

Name: _____

Phone: _____

Alternate Contact: _____

Phone: _____

Address: _____

Breed: _____

Name of Animal: _____

Color/

Markings: _____

Sex: MALE / FEMALE

Neu/Spay: YES / NO

Rabies Expire*: _____

Vet Clinic: _____

*Must also provide City with a copy of the rabies vaccination record.