



City of Syracuse
495 Midland St / PO Box F
Syracuse, NE 6844

Phone: (402)269-2173
Fax: (402)269-2499

Dog & Cat License

Pet Licenses are due annually on May 1st.

Date: _____

Fee: \$ 3.00

Owner Name: _____

Owner Address: _____

Telephone #: _____

Check the Appropriate Boxes:			
Dog: <input type="checkbox"/>		Cat: <input type="checkbox"/>	
Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	Spayed: <input type="checkbox"/>	Neutered: <input type="checkbox"/>

Name of Animal: _____

Breed: _____

Color(s): _____

Markings: _____

Please include a copy of your Veterinarian Receipt showing your rabies vaccination information with this form and send it to:

City of Syracuse
PO Box F
Syracuse, NE 68446