






# City of Hancock

## Dog License Application

### PLEASE READ THE FOLLOWING CAREFULLY

If you live in the city limits of Hancock and you own, keep or harbor one or more dogs, six or more months of age you are required to license them. Hancock dog licenses are due yearly and expire on December 31, with a penalty being assessed after February 14th. **To purchase a new dog license you will need the following, along with your completed application:**

-  **The appropriate license fee**
  -  Make checks payable to: **City of Hancock**
-  **Proof of current rabies vaccination for each dog**
-  **Proof of spay/neuter (if applicable)**
-  **If mailing Please include self-addressed stamped envelope**

\* **RENEWING YOUR DOG LICENSE:** If your dogs Rabies vaccination does not expire within 30 days of our office receiving this application, you do not need to resubmit the vaccination information.

**Please complete the application on the reverse side and send your application or stop by the following location:**

**Hancock City Hall (Open 9-10 a.m. on Wed. only)**  
**P.O. Box 108**  
**Hancock, IA 51536-0108**  
**Ph. 712-741-5665**

#### **HANCOCK DOG LICENSE FEE**

Male or Female

Intact \$22.00

Neutered / Spayed \$8.00

A \$10.00 penalty will be assessed after February 14<sup>th</sup>

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#### **TO REMOVE A DOG FROM OUR DATA BASE:**

If you no longer own a dog that was previously licensed, please notify the City Clerk so we may update our records and you are not issued a citation for non-compliance.

# Hancock Dog License Application

## Owner Information

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Please Circle One > RENEWAL NEW LICENSE

NEW LICENSE NUMBER \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Rabies Certificate Number \_\_\_\_\_ Vaccination Date \_\_\_\_\_ Vaccination Exp. Date \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Micro Chip Number \_\_\_\_\_

FEE \_\_\_\_\_ Spayed/Neutered - \$8.00 \_\_\_\_\_ Intact Male or Female - \$22.00

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Please Circle One > RENEWAL NEW LICENSE

NEW LICENSE NUMBER \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Rabies Certificate Number \_\_\_\_\_ Vaccination Date \_\_\_\_\_ Vaccination Exp. Date \_\_\_\_\_

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FEE \_\_\_\_\_ Spayed/Neutered - \$8.00 \_\_\_\_\_ Intact Male or Female - \$22.00

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Please Circle One > RENEWAL NEW LICENSE

NEW LICENSE NUMBER \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Rabies Certificate Number \_\_\_\_\_ Vaccination Date \_\_\_\_\_ Vaccination Exp. Date \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Micro Chip Number \_\_\_\_\_

FEE \_\_\_\_\_ Spayed/Neutered - \$8.00 \_\_\_\_\_ Intact Male or Female - \$22.00

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Total Dog License Fees \_\_\_\_\_

Penalty Fee (This fee must be paid after February 14<sup>th</sup>) ..... \$10.00 ..... + \_\_\_\_\_

Make Check payable to **City of Hancock** for this Amount ----- **TOTAL** \_\_\_\_\_

This Box is for Office use only  
Person issuing \_\_\_\_\_ Date Received \_\_\_\_\_ Payment Type – Cash \_\_\_ Check # \_\_\_\_\_ Date sent out \_\_\_\_\_