City of Carter Lake
Animal License Application

Owner's Name		
Address:		**Carter Lake, IA 51510**
Home Phone:	Cell Phone:	Work Phone:

Animal's Name:	Cat / Dog	Male / Female	Spay / Neuter	License #
Breed:	Color:	Rabies Tag #	Rabies Expiration Date:	
Veterinarian Clinic / Phone #:				License Fee: $

Animal's Name:	Cat / Dog	Male / Female	Spay / Neuter	License #
Breed:	Color:	Rabies Tag #	Rabies Expiration Date:	
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Animal's Name:	Cat / Dog	Male / Female	Spay / Neuter	License #
Breed:	Color:	Rabies Tag #	Rabies Expiration Date:	
Veterinarian Clinic / Phone #:				License Fee: $

Animal Licenses are due yearly and expire on December 31, $5.00 late fee beginning March 1st.

License Fee – Altered: $10.00
License Fee – Non-Altered: $15.00
Late Fee beginning March 1st: $ 5.00

Late Fees: _____

Amount Due: _____

Signature: _____ Date: _____

To purchase a license you will need the following:

- License fee – Cash or Check payable to City of Carter Lake
- Copy of current rabies vaccination – must not expire for 60 days.

Mail application, payment and a copy of rabies certification to:

City of Carter Lake 950 Locust Street Carter Lake, IA 51510
Phone: 347-6320 Fax: 347-5454 Email: lisa.ruehle@carterlake-ia.gov

TO REMOVE AN ANIMAL FROM OUR DATA BASE: If you no longer own an animal that was previously licensed, please notify our office so we may update our records and you are not issued a citation for non-compliance.

Office Use Only

Person issuing _____ Date Received _____ Payment type-Cash ____ Check # _____ Date sent out _____