

SOUTH BEND PET LICENSE APPLICATION

Owners name _____ Address _____

Phone (home) _____ (Work) _____ (Cell) _____

Name of 1st pet _____ Breed _____ Color _____

Sex *Male - Female* Altered *YES - NO* Chipped *YES - NO* Brand & # _____

Date of last rabies shot _____ Rabies Tag # _____ Vet Clinic _____

Name of 2nd pet _____ Breed _____ Color _____

Sex *Male - Female* Altered *YES - NO* Chipped *YES - NO* Brand & # _____

Date of last rabies shot _____ Rabies Tag # _____ Vet Clinic _____

Name of 3rd pet _____ Breed _____ Color _____

Sex *Male - Female* Altered *YES - NO* Chipped *YES - NO* Brand & # _____

Date of last rabies shot _____ Rabies Tag # _____ Vet Clinic _____

*STATE LAW REQUIRES THAT ALL DOGS AND CATS TO BE VACCINATED FOR RABIES.
THEREFORE PROOF OF RABIES IS REQUIRED.*

Mail your rabies certificate along with this application or have your veterinarian sign this form
Your certificate will be returned with your license

Fees: (Check or money order please)

Not microchipped pets

\$ 25.00 not spayed/neutered

\$ 15.00 spayed/neutered

Senior citizen 65+ years of age subtract \$5 from appropriate fee

Replacement tags are \$5

Microchipped Pets

\$20.00 not spayed/neutered

\$ 10.00 spayed/neutered

Please send payment, rabies certificate* and completed application to:

South Bend Animal Care & Control
521 Eclipse Place
South Bend IN 46628
Phone (574) 235-9303
Fax (574) 235-7611

*Your rabies information will be returned to you along with your pet license.