

2026 MULTIPLE DOG LICENSE APPLICATION

New dog licenses require the following and completed application:

- **The appropriate license fees**
- **Proof of current rabies vaccination- signed rabies certificate by Veterinarian.**

If you are renewing your dog license and the rabies vaccination does not expire within 30 days of our office receiving this application, you do not have to resend this information.

- **Proof of spay/neuter (if applicable)**
- **MAX of 3 dogs per household per ordinance**
- **FOR MULTIPLE DOGS – LAST PAGE HAS THE VETERINARIAN REQUESTED INFORMATION.**

Available Online as a Fillable document.
In underwoodia.frontdeskworks.com
Dog License Applications
You will also be able to pay online for the application as an option.
License Tags will not be issued until verification of documentation on application is reviewed.
THIS IS THE MULTIPLE DOG LICENSE - PAPER VERSION.

DOG - FUR FAMILY MEMBER #1:

Dog's Name Breed Sex Color _____

Markings Rabies Certificate Number Vaccination Date Vaccination Exp. Date

Does your dog have a Micro Chip? Yes ___ No ___ If Yes, Micro Chip Number: _____

DOG #1 LICENSE FEES - ☐ Renewal or ☐ New License

☐ Intact Male or Female -- \$20.00 ☐ Spayed/Neutered dog -- \$10.00

Check below penalty fee if submitting March 1, 2026, or after ☐ Penalty ---\$10.00

DOG - FUR FAMILY MEMBER #2:

Dog's Name Breed Sex Color _____

Markings Rabies Certificate Number Vaccination Date Vaccination Exp. Date

Does your dog have a Micro Chip? Yes ___ No ___ If Yes, Micro Chip Number: _____

DOG #2 LICENSE FEES - ☐ Renewal or ☐ New License

☐ Intact Male or Female -- \$20.00 ☐ Spayed/Neutered dog -- \$10.00

Check below penalty fee if submitting March 1, 2026, or after ☐ Penalty ---\$10.00

DOG - FUR FAMILY MEMBER #3:_____
Dog's Name_____
Breed_____
Sex_____
Color_____
Markings_____
Rabies Certificate Number_____
Vaccination Date_____
Vaccination Exp. Date

Does your dog have a Micro Chip? Yes____ No ____ If Yes, Micro Chip Number: _____

DOG #3 LICENSE FEES - ☐ Renewal or ☐ New License☐ Intact Male or Female -- \$20.00☐ Spayed/Neutered dog -- \$10.00Check below penalty fee if submitting March 1, 2026, or after ☐ Penalty ---\$10.00

Check the box for your Veterinarian and/or Clinic. If the name is not listed, write the name out below this listing.

See example: ☐ My Vet, 123 Street, Anywhere, IA 55555 – (111) 222-3333 Dog #1, #2☐ Wonderful Vet, 123 Road, Somewhere, IA 44444 – (111) 444-5555 Dog #3*If you are curious, yes, some individuals have more than one vet for their fur family members.

- ☐ American Animal Hospital, 11030 Emmet St, Omaha, NE 68164-(402) 493-6767 _____
- ☐ Animal Clinic, 1735 McPherson Ave., Council Bluffs, IA 51503 - (712) 323-0598 _____
- ☐ Avoca Vet Clinic, 1575 Pine, Avoca, IA 51521 - (712) 343-2661 _____
- ☐ Best Care Pet, 4915 North 120th St., Suite 8, Omaha, NE 68164 - (402) 445-8738 _____
- ☐ Council Bluffs Vet, 1229 S. 3rd St., Council Bluffs, IA 51503 - (712) 323-2147 _____
- ☐ Fremont County Vet, 2838 N. Hwy 275 Bypass, Sidney, IA 51652- (712) 374-2721 _____
- ☐ Jensen, Dale, DVM. 103 Mendel Ave., Neola, IA 51559 - (712) 485-2430 _____
- ☐ Oakland Vet, 510 S. Dr. Van Zee Rd, Box 466, Oakland, IA 51560-(712)482-6868 _____
- ☐ Omaha Animal Hospital, 4908 L St., Omaha, NE 68117 - (402) 734-5882 _____
- ☐ Pet Vaccination Clinic, 2911 South 120th St., Omaha, NE 68144 - (402) 480-3393 _____
- ☐ Shelby Vet Clinic, 305 Center St., Shelby, IA 51570 - (712) 544-2521 _____
- ☐ South Omaha Animal Clinic, 3540 Q St., Omaha, NE 68107 - (402) 731-3606 _____
- ☐ Strohbehn, 430 West S. Omaha Br. Rd, Council Bluffs, IA 51503-(712)366-0556 _____
- ☐ The Animal House, 100 North 5th Ave., Logan, IA 51546 - (712) 644-1333 _____
- ☐ 24th St. Animal Clinic, 3258 South 24th St., Omaha, NE 68108 - (402) 345-2211 _____
- ☐ Valley View Vet, 19287 Conifer Ln, Council Bluffs, IA 51503 - (712) 256-7387 _____
- ☐ Westgate Animal Clinic, 8258 Hascall St., Omaha, NE 68124 - (402) 769-0377 _____
- ☐ Willow Park Vet, 415 East Erie St., Missouri Valley, IA 51555 - (712) 642-3815 _____

If clinic not listed, please type the Business/Vet Name, Address, Phone Number below.

Name of Veterinarian_____
Address, City, State, Zip Code_____
Vet Phone No._____
Dog's #1-2-3

Owner Name: _____

Owner Physical Street Address: _____ PO Box Number: _____

City _____ Zip _____ Email _____

Home Phone Number _____ Alternate Phone Number _____

Owner Signature: _____ Date: _____

This box is for OFFICE USE ONLY

DATE RECEIVED _____ Office VERIFY Intact/Spayed and Rabies Certificate Criteria and On File

2025 License DOG #1 _____ ☐ Intact Male/ Female-\$20.00 / ☐ Spayed/Neutered- \$10.00 / ☐ Rabies Current/On File

2025 License DOG #2 _____ ☐ Intact Male/ Female-\$20.00 / ☐ Spayed/Neutered- \$10.00 / ☐ Rabies Current/On File

2025 License DOG #3 _____ ☐ Intact Male/ Female-\$20.00 / ☐ Spayed/Neutered- \$10.00 / ☐ Rabies Current/On File

Received March 1, 2026, or after - \$10.00 penalty per dog ☐ Penalty Fee Number of Dogs _____ Subtotal \$ _____

TOTAL ALL Dog License Fees: _____

License Payment Received _____ Payment Type – Cash- Receipt #: _____ Check Number: _____

Money Order _____ Other Form of Payment: _____

Dog's New Licensure Tag Number to be Issued – 2026 DOG #1: _____

DOG #2: _____

DOG #3: _____