



Village of Staplehurst

155 South 3rd PO Box 174

Staplehurst, NE 68439

Hours: Saturdays 8AM-12PM

Phone: 402-535-2758

Email: Clerk.Staplehurst.NE@gmail.com

VILLAGE OF STAPLEHURST

Dog License Application

Resident Name:

Date:

Address:

Name of Animal(s): Breed:

Markings/Color:

Sex:

Male

Female

Unsexed

Date of Last Rabies Shot:

License Fee

Number of Dogs:

Fee per Dog: \$5.00

Total Amount Due: \$

I certify that the information provided above is true and accurate.

Applicant Signature

Date

FOR OFFICE USE ONLY

License Tag #:

Expires Date:

Payment Received:

Processed By: