



Pet License Application

PO Box 586 | Ipswich, SD 57451
 Phone: 605-426-6961 | Fax: 605-426-6626
 Email: ipswichfo@valleytel.net | www.ipswich-sd.com

Responsible Parties (Permit issuance and correspondence will be with applicant.)	
Owner's Name(s):	Phone #:
Physical Address:	City/State/Zip:
Mailing address: (if different from above)	City/State/Zip:

Pet # 1	
Dog <input type="checkbox"/>	Male <input type="checkbox"/>
Cat <input type="checkbox"/>	Female <input type="checkbox"/>
Name	
Breed	
Color	
Age	
Tag #	

Pet # 2	
Dog <input type="checkbox"/>	Male <input type="checkbox"/>
Cat <input type="checkbox"/>	Female <input type="checkbox"/>
Name	
Breed	
Color	
Age	
Tag #	

Pet # 3	
Dog <input type="checkbox"/>	Male <input type="checkbox"/>
Cat <input type="checkbox"/>	Female <input type="checkbox"/>
Name	
Breed	
Color	
Age	
Tag #	

Pet # 4	
Dog <input type="checkbox"/>	Male <input type="checkbox"/>
Cat <input type="checkbox"/>	Female <input type="checkbox"/>
Name	
Breed	
Color	
Age	
Tag #	

License Fees	
One Pet	\$5.00
Two Pets	\$12.50
Three Pets	\$37.50
Four Pets	\$62.50
Five Pets	\$87.50

For Office Use:	
Application Date: _____	License Fee Total: \$ _____
Proof of Rabies: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cash/Check #/Credit: _____
	Receipt #: _____
	Taken by: _____