

# New Albany/Floyd County Pet License Application

In accordance with New Albany and Floyd County Animal Ordinance all dogs and cats in the City of New Albany and all cats in Floyd County, six (6) months or older, must be licensed.

<input type="checkbox"/> First time license for this pet	<input type="checkbox"/> Current License Tag No.: _____
Owner's Name: _____	<input type="checkbox"/> I have licensed a pet previously
Address: _____	City: _____ Zip _____
Phone: (____) _____	Alternate Phone: (____) _____
Email: _____	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Pet's Name: _____
Age (please specify months or years): _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered
Breed: _____	Marking/Color: _____
Rabies Tag No.: _____	Vet/Clinic Name _____
Date of Rabies Vaccination (M/D/Y): ____/____/____	Term of vaccination: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year
Microchip No.: _____	Brand: _____

**\* Is your microchip information current? Have you moved or changed your phone number? If so, please contact your microchip provider and update your information.**

## **License Fee Information:** Please check the appropriate box below:

- My pet is altered (spayed/neutered): **\$5.00**  
If this is a first time license you must attach proof of surgery, unless the rabies vaccination certificate states your pet has been altered.
- My pet is unaltered (not spayed/neutered): **\$35.00**
- My pet has been deemed dangerous: **\$100.00**
- I need a duplicate license tag. My pet's current license tag has been lost: **\$4.50**
- I no longer have this pet.

License Application must be accompanied by: the correct license fee; a current rabies certificate (a copy of the certificate is acceptable); and a stamped, self-addressed envelope if paying by mail. Please allow up to two weeks to receive your pet's new license.

X \_\_\_\_\_  
Applicant Signature

**Please return this application with a check or money order payable to:**  
NAFC Animal Shelter  
215 W. Market St  
New Albany, IN 47150

**Information:**  
Office Hours: Monday-Friday, 9 am-5 pm  
Phone: (812) 948-5355  
Email: [nafcanimalshelter@yahoo.com](mailto:nafcanimalshelter@yahoo.com)  
Website: [www.nafcanimalshelter.petfinder.com](http://www.nafcanimalshelter.petfinder.com)

