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# CITY OF CASEY

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*P O BOX 196  
CASEY, IOWA 50048  
TELEPHONE 641/746-3315 FAX 641/746-3301*

## **Pet Tag Information**

### Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day time phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

SS # \_\_\_\_\_

DL# \_\_\_\_\_ State Issued \_\_\_\_\_

### Pet Information

Pet Name: \_\_\_\_\_

Bred: \_\_\_\_\_

Pet Markings/colors: \_\_\_\_\_

Age of pet: \_\_\_\_\_

Circle one: Male Female

Is pet spade or neutered?

\*\*Does this pet qualify as a "Dangerous Animal" per the City Code 4-1-1?

YES NO

If yes please provide proof of Insurance per City Code 4-1-10(3).

Insurance Company Name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Office Use\*\*\*

Pet tag issued: \_\_\_\_\_

Date issued: \_\_\_\_\_