



# Jo Daviess County Animal License Application

Illinois State Law requires all dogs 4 months of age and older to be vaccinated against rabies and licensed with the County.

Jo Daviess County

Animal Control

PO Box 318

Galena, IL 61036

## Animal Control

Please print clearly and fill in all information

Owner Last Name		Owner First name	
Residential Address (required)		Apt #	
City	State	Zip	
Mailing Address			
Cell Phone	Home Phone	Work Phone	
Email Address			

Microchip Number (if applicable)											
Rabies Tag#(enclose cert.)	Rabies Vacc. Date	Vacc. Exp. Date									
<b>License Fees</b> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><b>1-Year</b></td> <td style="text-align: center;"><b>3-Year*</b></td> </tr> <tr> <td>Unaltered Dog.....</td> <td style="text-align: center;"><input type="checkbox"/> \$30.00</td> <td style="text-align: center;"><input type="checkbox"/> \$85.00</td> </tr> <tr> <td>Spayed/Neutered (Altered Dog).....</td> <td style="text-align: center;"><input type="checkbox"/> \$18.00</td> <td style="text-align: center;"><input type="checkbox"/> \$50.00</td> </tr> </table> <p style="text-align: center;"><i>Proof of spay/neuter required</i></p> <p>*A 3-year license will only be issued when a 3-year vaccination was given within 6 months of the purchase of the license. Licenses will not be valid beyond the expiration of the rabies vaccination.</p>				<b>1-Year</b>	<b>3-Year*</b>	Unaltered Dog.....	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$85.00	Spayed/Neutered (Altered Dog).....	<input type="checkbox"/> \$18.00	<input type="checkbox"/> \$50.00
	<b>1-Year</b>	<b>3-Year*</b>									
Unaltered Dog.....	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$85.00									
Spayed/Neutered (Altered Dog).....	<input type="checkbox"/> \$18.00	<input type="checkbox"/> \$50.00									
Late Fee.....		\$50.00									
<i>A late fee is applied 30 days after vaccination date or previous license expiration date.</i>											
Replacement for Lost Tag.....		\$ 8.00									
<b>TOTAL ENCLOSED</b>		<b>\$ _____</b>									

Species	Breed (list breed most resembles)	<input type="checkbox"/> Male	<input type="checkbox"/> Spayed/Neutered
		<input type="checkbox"/> Female	<input type="checkbox"/> Unaltered
Pet Name	Color(s)	Weight	Age/Birthday

LICENSE YOUR PET BY COMING TO JO DAVIESS COUNTY PUBLIC HEALTH, 9483 US ROUTE 20 W, GALENA. Open 8-4 Monday-Friday. Drop box by front door if needed. Failure to register your dog will result in a citation requiring a mandatory court appearance.

**LICENSE YOUR PET BY MAIL:** Complete this application. Enclose a copy of your pet's current rabies vaccination certificate. Enclose a proof of spay/neuter if it is not indicated on the rabies certificate. Make your check or money order payable to Jo Daviess County Animal Control. (Please do not send cash.) Mail to Jo Daviess County Animal Control, PO Box 318, Galena, IL 61036. Documents are not returned--please submit copies and retain the originals for your records

Questions? Call 815-776-0326 or 815-777-0263 or email [animalcontrol@jodaviesscountyil.gov](mailto:animalcontrol@jodaviesscountyil.gov)