



2023 Pet License Application

A complete application for each pet, a copy of proof of current rabies vaccination and fee must be returned to 406 N. Cheyenne Ave., Hardin, MT 59034 in person, by mail, or by placing in the drop box. Please make any necessary corrections. Additional applications can be printed from our website at www.hardinmt.com/Permits-Forms.html, for more information contact City Hall at (406) 665-9292.

According to City Ordinance **6-2-2: E.** Written application for a dog or cat license shall be made to the City Clerk of Hardin and shall include the name and address of the owner and the name, breed, color, age, and sex of the dog or cat and such other information as requested. Applicants also shall pay the prescribed licensing fee and provide proof of current rabies vaccination; **F.** The licensing period shall be from January 1 until December 31 of each year. License renewal may be applied for within thirty (30) days prior to the expiration date.

	<u>By February 1st</u>	<u>After February 1st</u>
<u>Spayed/Neutered pet is</u>	\$10	\$35
<u>Unaltered pet is</u>	\$25	\$50
<u>Kennel license</u>	\$75	\$75

Sincerely,
Angela Zimmer
Deputy City Clerk

~~~~~  
*Please make corrections if needed:*

|                                |       |       |                                        |                                            |                                                             |
|--------------------------------|-------|-------|----------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| Pet Name                       | Color | Breed | <small>Check One</small><br>Cat<br>Dog | <small>Check One</small><br>Male<br>Female | <small>Check One</small><br>Unaltered<br>Spayed<br>Neutered |
| Owner's Name:                  |       |       | Senior Citizen: Y / N                  |                                            |                                                             |
| Physical Address:              |       |       |                                        |                                            |                                                             |
| Mailing Address (if different) |       |       |                                        |                                            |                                                             |
| Phone Number:                  |       |       | Emergency Number:                      |                                            |                                                             |

-----Official CITY Use Only-----

\_\_\_\_\_  
Proof of Current Rabies Vaccination Verified By

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Tag #