

# Nampa Dog Licensing

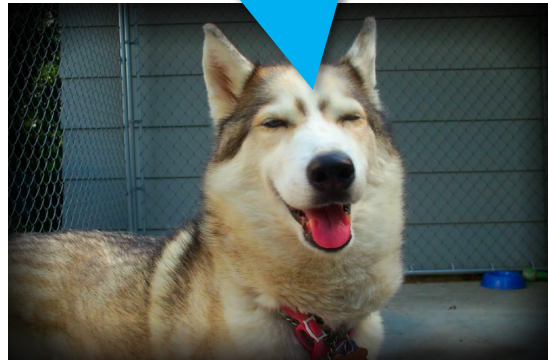
## Information

- Nampa City code states in section 6-2-20 that: *It shall be unlawful for any person to own, harbor, keep or possess a canine more than six (6) months of age within the City of Nampa without first procuring a license*
- Licensing is an important means of identification and can help you find your pet if it becomes lost
- Failure to license your pet may result in fines, penalties and/or citations
- Animal licenses may be purchased by completing this form and mailing it to the City of Nampa, along with fees, proof of rabies vaccination and proof of spay/neuter

Uh-oh, I'm lost. How will I get home?



I got to go home after I was lost, because I was wearing my City of Nampa license tag



## Locations

**City Clerk's Office**  
411 Third Street South  
Nampa, ID 83651

**Nampa Police Department**  
820 2nd St S  
Nampa, ID 83651  
468-5678

**West Valley Humane Society**  
5801 Graye Lane  
Caldwell, ID 83607

**Idaho Veterinary Hospital**  
1420 N. Midland Blvd  
Nampa, ID 83651  
466-4614

**Dr. K's Pet Clinic**  
2121 N Cassia St  
Nampa, ID 83651



## Instructions

- Licenses may be purchased in one-year blocks, not to exceed expiration date of rabies vaccination
- Proof of Spay or Neuter is required for altered rate
- Checks should be made out to "City of Nampa"
- If you are registering by mail, You must send in all documents, this form, fees, proof of rabies vaccination and proof of spay or neuter
- It is illegal to have more than two dogs at one residence without getting a kennel license. Contact The Planning and Zoning department for details on how to obtain this license



## License Fees

DESCRIPTION	RATE	SENIOR RATE*
1 Year Altered	\$12	\$6
1 Year Unaltered	\$48	\$24

\*65 and Over

Return form/payment to:

Nampa City Clerks  
Attn: Dog Licensing  
411 Third Street South  
Nampa, Idaho 83651

## Application

New

Renew

Tag # \_\_\_\_\_ Expiration: \_\_\_\_\_

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

Owner's Date of Birth: \_\_\_\_\_

Senior Discount:  Yes  No

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

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

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

Vet Clinic: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Color(s): \_\_\_\_\_ Breed: \_\_\_\_\_

Female  Male

Microchip:  Yes  No

Chip Number: \_\_\_\_\_

Spayed/Neutered:  Yes  No

Rabies # \_\_\_\_\_

Rabies Expiration Date: \_\_\_\_\_

Tag Fees: \$ \_\_\_\_\_ Vet Admin Fee: \$ \_\_\_\_\_

