

Date: _____

Tag # _____



CITY OF KENMARE
ANIMAL LICENSE APPLICATION

OWNER INFORMATION:

Owners Name: _____

Street Address: _____

Mailing Address: _____

Phone Number: () _____ Cell Number: () _____

PET INFORMATION:

Animal Name: _____

Dog or Cat

Gender: _____

Breed: _____

Color: _____

Circle one please:
Spayed Neutered Nothing

VACCINATION INFORMATION:

Rabies Tag #: _____

Vaccination #: _____

Type: _____

Veterinarian: _____

Vaccination Date: _____

Revaccination Date: _____

APPLICANTS SIGNATURE

DATE OF APPLICATION