



ANIMAL LICENSE APPLICATION

OWNER INFORMATION

INFORMATION **MUST** BE COMPLETED FOR THE ADDRESS AT WHICH **BOTH THE PET AND OWNER RESIDE**. PLEASE COMPLETE THE FOLLOWING APPLICATION **COMPLETELY!**

Full Name-Owner: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone Number: _____ Alternate Phone #: _____

Driver's License #: _____ Email: _____

PET INFORMATION

Pet #1 (Circle):	DOG	CAT	Pet #2 (Circle):	DOG	CAT
Name:	_____	_____	Name:	_____	_____
Color:	_____	_____	Color:	_____	_____
Breed:	_____	_____	Breed:	_____	_____
Rabies Exp. Date:	_____	_____	Rabies Exp. Date:	_____	_____
Issuing Veterinarian:	_____	_____	Issuing Veterinarian:	_____	_____

LICENSE REQUEST INFORMATION

Pet #1 License Requested:	ONE YEAR	TWO YEAR	THREE YEAR	Pet #2 License Requested:	ONE YEAR	TWO YEAR	THREE YEAR
<i>Circle one please</i>				<i>Circle one please</i>			

PLEASE NOTE: A license can only be issued through the year in which the animal's rabies vaccination expires. Proof of rabies vaccination is REQUIRED!

Owner Signature: _____

LICENSE INFORMATION - OFFICE USE ONLY TO BE COMPLETED BY CITY OF WYANDOTTE EMPLOYEE

Pet #1 License Approved:	ONE YEAR	TWO YEAR	THREE YEAR	Pet #2 License Approved:	ONE YEAR	TWO YEAR	THREE YEAR
<i>Circle one please</i>				<i>Circle one please</i>			
Animal License #:				Animal License #:			
Approving City Agent:							