



APPLICATION FOR PET LICENSE

1101 Poyntz Avenue • Manhattan, Kansas 66502-5460

APPLICANT/OWNER

Name _____

Address _____

City, State, Zip _____

Phone Numbers:

Home: (____) _____

Work: (____) _____

PET INFORMATION

Name _____

Type of Pet (dog/cat) _____

Color of Pet _____

Breed of Pet _____

Date of Birth _____

Sex of Pet _____

Spayed/Neutered (circle): YES or NO

License applied for:

THE TERM OF YOUR LICENSE CANNOT EXCEED THE RABIES VACCINATION DATE.

	Spayed/Neutered Cost	Un-neutered Cost
Up to one year	___ \$6	___ \$24
Up to two years	___ \$12	___ \$48
Up to three years	___ \$16	___ \$64

I hereby certify that all information above is true and correct.

Signature of Applicant _____

Please send the appropriate fee along with the completed application to the Customer Service Office at the above address.

LICENSED VETERINARIAN SECTION

I, _____, a veterinarian licensed by the State of Kansas hereby certify the above referenced animal was vaccinated with an approved anti-rabies vaccine on _____ and that such vaccine will remain effective until _____.

Rabies Number _____ Signature of Licensed Veterinarian _____

Clinic Name _____

FOR OFFICE USE ONLY

License Expiration Date _____ Amount \$ _____ Cash Check # _____

Date _____ Previous Number _____ New _____

Initials _____

Please return all 3 sheets when mailing.