



CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

DOG LICENSE APPLICATION

OWNER: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONES: (home) _____ (cell/work) _____

1ST DOG:
 DOG'S NAME: _____ BREED: _____ Micro Chipped? Yes No
 Male/Female: _____ Neutered/Spayed: _____ Size: Small Med Large
 Color: _____ Birth Year: _____ Weight: _____
 Vaccinated against rabies by: _____ Expiration Date: _____
 (Veterinarian's Name)

2ND DOG:
 DOG'S NAME: _____ BREED: _____ Micro Chipped? Yes No
 Male/Female: _____ Neutered/Spayed: _____ Size: Small Med Large
 Color: _____ Birth Year: _____ Weight: _____
 Vaccinated against rabies by: _____ Expiration Date: _____
 (Veterinarian's Name)

3RD DOG:
 DOG'S NAME: _____ BREED: _____ Micro Chipped? Yes No
 Male/Female: _____ Neutered/Spayed: _____ Size: Small Med Large
 Color: _____ Birth Year: _____ Weight: _____
 Vaccinated against rabies by: _____ Expiration Date: _____
 (Veterinarian's Name)

As a responsible pet owner, I agree to comply with all City of Parkville animal regulations as published on the website at <http://parkvillemo.gov>, I understand that this license is good for one year from the date of registration and must be renewed prior to expiration.

_____ **Dog Owner's Signature** _____ **Date**

FOR OFFICE USE ONLY:

Fee: \$ _____ Penalty, if any: \$ _____ Total Due: \$ _____ Date: _____ Dog Tag #: _____
 License issued by: _____ Check: _____ Cash: _____ Credit Card: _____ MO: _____