



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

### DOG LICENSE APPLICATION

DOG OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Parkville, MO 64152

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: (home) \_\_\_\_\_ (cell/work) \_\_\_\_\_

**1<sup>ST</sup> 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)

**2<sup>ND</sup> 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)

**3<sup>RD</sup> 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: Spayed/Neutered (19.0000): \$ \_\_\_\_\_ Not Spayed/Neutered (19.0001): \$ \_\_\_\_\_ Tag #: \_\_\_\_\_

By:  Check # \_\_\_\_\_  MO# \_\_\_\_\_  Credit Card \_\_\_\_\_  Cash \_\_\_\_\_

Date Paid: \_\_\_\_\_ Payment by: \_\_\_\_\_ Received by: \_\_\_\_\_

Tag and Receipt to Applicant  App., Rabies Vaccination and Receipt in File  Copy App. w/Receipt