



THE CITY OF PRAIRIE VILLAGE *Star of Kansas*

7700 Mission Road, Prairie Village, Kansas 66208 (913) 381-6464 / Fax (913) 381-7755/ petlicense@pvkansas.com

Animal Licensing Application

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Prairie Village, KS _____

Cell Phone: _____

E-mail: _____

Cell Phone: _____

- All dogs/cats must be licensed at 6 months of age or within 30 days of residency. No more than 4 animals; up to 3 of one type are allowed.
- Rabies vaccinations must be current at the time of licensing.
- Return this completed form, payment AND a copy of rabies certificate for each animal being licensed. Original certificates will not be returned.
- Payment via check, MasterCard/VISA/Discover or cash. Make checks payable to the City of Prairie Village. No phone payments will be accepted.
- To avoid further notification, please indicate what animals are no longer residing in your Prairie Village household.
- Tickets for failure to license or renew will be issued when license is 60 days past due.
- You will receive a permanent tag for each pet. The permanent tag(s) will be renewed each time as long as you own the pet and live in Prairie Village. Lost tags can be replaced for fifty cents.

FEE SCHEDULE: One-year license - \$6 per neutered/spayed animal and \$25 per non neutered/spayed animal.
 Two-year license - \$10 per neutered/spayed animal and \$45 per non neutered/spayed animal.
 Three-year license - \$15 per neutered/spayed animal and \$70 per non neutered/spayed animal.
To receive a two or three year license the rabies vaccination must be multi-year. You must have two or three years REMAINING on the multi-year vaccination to receive the two or three year license.

LATE FEE - \$3 per month past due, per animal

Pet #1 Information					
Name	Breed	Color	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	PV Tag	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered (male) <input type="checkbox"/> Spayed (female)	<input type="checkbox"/> Non- Neutered/Spayed	Microchip #	Rabies #	
Veterinary Clinic	Veterinary Phone	Vaccination Date	Vaccination Expires	PV Expires	
Veterinary Address	<input type="checkbox"/> 1 year license	<input type="checkbox"/> 2 year license	<input type="checkbox"/> 3 year license	\$	
Pet #2 Information					
Name	Breed	Color	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	PV Tag	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered (male) <input type="checkbox"/> Spayed (female)	<input type="checkbox"/> Non- Neutered/Spayed	Microchip #	Rabies #	
Veterinary Clinic	Veterinary Phone	Vaccination Date	Vaccination Expires	PV Expires	
Veterinary Address	<input type="checkbox"/> 1 year license	<input type="checkbox"/> 2 year license	<input type="checkbox"/> 3 year license	\$	
Pet #3 Information					
Name	Breed	Color	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	PV Tag	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered (male) <input type="checkbox"/> Spayed (female)	<input type="checkbox"/> Non- Neutered/Spayed	Microchip #	Rabies #	
Veterinary Clinic	Veterinary Phone	Vaccination Date	Vaccination Expires	PV Expires	
Veterinary Address	<input type="checkbox"/> 1 year license	<input type="checkbox"/> 2 year license	<input type="checkbox"/> 3 year license	Rabies #	\$
Pet #4 Information					
Name	Breed	Color	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	PV Tag	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered (male) <input type="checkbox"/> Spayed (female)	<input type="checkbox"/> Non- Neutered/Spayed	Microchip #	Rabies #	
Veterinary Clinic	Veterinary Phone	Vaccination Date	Vaccination Expires	PV Expires	
Veterinary Address	<input type="checkbox"/> 1 year license	<input type="checkbox"/> 2 year license	<input type="checkbox"/> 3 year license	Rabies #	\$
				Total due	\$

I no longer own the following Animal (s): _____

Name on Card	Signature
Card Number	Expiration Date CVV Code

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Office Use Only: Application: _____ Date Received: _____ Amt Pd: CK / Cash / Card _____ Processed By: _____