

NEW (Renewals must be submitted on a Renewal Application)

Lot #

Customer #

CITY OF PRAIRIE VILLAGE – NEW PET LICENSE APPLICATION

To avoid the return of your application, please provide ALL information and sign

OWNER CONTACT INFORMATION				
Owner Name:				
Street Address:			Prairie Village, KS	Zip:
E-Mail:	Primary/Cell Phone:	Alternate Phone:	Work Phone:	

FEE SCHEDULE

You must have 2 or 3 years REMAINING on the rabies vaccination to receive a 2 or 3 year city license.

License Type	Spayed/Neutered Pet	Intact Pet (Not fixed)
One year city license	\$6.00/each pet	\$25.00/each pet
Two year city license	\$10.00/each pet	\$45.00/each pet
Three year city license	\$15.00/each pet	\$70.00/each pet

NEW PETS									
Pet 1 Name		Breed		Color		<input type="checkbox"/> Dog <input type="checkbox"/> Cat		Microchip	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered (male) <input type="checkbox"/> Spayed (female)	<input type="checkbox"/> Non- Neutered/Spayed			Office Use Only: PV Tag#			PV License Expiration	
Vet Clinic Name			Rabies Tag#		Vaccination Date			Vaccination Expiration Date	
<input type="checkbox"/> 1 year license	<input type="checkbox"/> 2 year license (rabies vacc. still valid 2 yrs)		<input type="checkbox"/> 3 year license (rabies vacc. still valid 3 yrs)		<input type="checkbox"/> Current rabies certificate attached		\$		
Pet 2 Name		Breed		Color		<input type="checkbox"/> Dog <input type="checkbox"/> Cat		Microchip	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered (male) <input type="checkbox"/> Spayed (female)	<input type="checkbox"/> Non- Neutered/Spayed			Office Use Only: PV Tag#			PV License Expiration	
Vet Clinic Name			Rabies Tag#		Vaccination Date			Vaccination Expiration Date	
<input type="checkbox"/> 1 year license	<input type="checkbox"/> 2 year license (rabies vacc. still valid 2 yrs)		<input type="checkbox"/> 3 year license (rabies vacc. still valid 3 yrs)		<input type="checkbox"/> Current rabies certificate attached		\$		
Pet 3 Name		Breed		Color		<input type="checkbox"/> Dog <input type="checkbox"/> Cat		Microchip	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered (male) <input type="checkbox"/> Spayed (female)	<input type="checkbox"/> Non- Neutered/Spayed			Office Use Only: PV Tag#			PV License Expiration	
Vet Clinic Name			Rabies Tag#		Vaccination Date			Vaccination Expiration Date	
<input type="checkbox"/> 1 year license	<input type="checkbox"/> 2 year license (rabies vacc. still valid 2 yrs)		<input type="checkbox"/> 3 year license (rabies vacc. still valid 3 yrs)		<input type="checkbox"/> Current rabies certificate attached		\$		
Pet 4 Name		Breed		Color		<input type="checkbox"/> Dog <input type="checkbox"/> Cat		Microchip	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered (male) <input type="checkbox"/> Spayed (female)	<input type="checkbox"/> Non- Neutered/Spayed			Office Use Only: PV Tag#			PV License Expiration	
Vet Clinic Name			Rabies Tag#		Vaccination Date			Vaccination Expiration Date	
<input type="checkbox"/> 1 year license	<input type="checkbox"/> 2 year license (rabies vacc. still valid 2 yrs)		<input type="checkbox"/> 3 year license (rabies vacc. still valid 3 yrs)		<input type="checkbox"/> Current rabies certificate attached		\$		

PAYMENT

Return Application, Rabies Certificate, & Fee to:

City of Prairie Village
Attn: Animal Licensing
7700 Mission Road
Prairie Village, KS 66208

Cash, Check, or Credit/Debit Card Accepted

By check, make payable to: City of Prairie Village, Cash

By credit card: For your security, do not submit card info via e-mail. You may email this form & rabies verification to petlicense@pvkansas.com, then call in credit card information)

Questions please call Barb Fisher 913-385-4685 or visit our website www.pvkansas.com

STATEMENT

I have reviewed the Prairie Village Municipal Code (accessible via our website: www.pvkansas.com) regarding animals and agree to comply with all regulations as set forth.

Applicant Signature: _____	Date: _____
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Office Use Only: Received: _____	_____	_____
Date	Amount Pd: Ck/Cash/Card	By