



PET LICENSE APPLICATION

DATE :

OWNER INFORMATION

Name :

Address : _____

Phone Number : _____ E-Mail : _____

Email will only be used for pet license related communication

Veterinarian : _____

PET INFORMATION

Pet Name : _____ CITY TAG # :

Office Use Only

Breed : _____ Color : _____

Gender : Male Female

Status : Spayed / Neutered Intact

Rabies Expiration Date : Rabies Tag # :

REQUIREMENTS

Rabies Certificate: Rabies vaccine verification is required to receive pet license and must accompany this form

Payment :
• Spayed / Neutered: \$2
• Intact: \$10

Payment Options :
• **Cash:** In person, City Hall drop box
• **Check:** In person, City Hall drop box
• **Credit Card:** In person



CITY HALL INFORMATION :

P.O. Box C 32905 W 84th St.
De Soto, Kansas 66018

913-583-1182

Checks payable to:
City of De Soto

Note : _____

PET LICENSE APPLICATION

ADDITIONAL PET INFORMATION

Pet Name : _____ **CITY TAG #** :
Office Use Only

Breed : _____ **Color** : _____

Gender : Male Female

Status : Spayed / Neutered Intact

Rabies Expiration Date : **Rabies Tag #** :

ADDITIONAL PET INFORMATION

Pet Name : _____ **CITY TAG #** :
Office Use Only

Breed : _____ **Color** : _____

Gender : Male Female

Status : Spayed / Neutered Intact

Rabies Expiration Date : **Rabies Tag #** :