CITY OF INDEPENDENCE DOG LICENSE

Owner's Name_____

Address_____

Phone #_____Alternate Phone#_____

Mailing Address (if different)_____

Breed of Dog_____Dog's Name_____

Color_____Sex_____

Neutered or Spayed_____Certificate Verified_____

In case of emergency, call_____

THE IDENTIFICATION TAG MUST BE FASTENED TO THE DOG AS PER 6.6.2

_____

signature of applicant

TAG #	EXPIRES:
RABIES	**RECEIPT #**