

OLATHE ANIMAL SHELTER
PET LICENSE APPLICATION

Owner Information:

Last Name: _____ Home # _____
First Name: _____ Cell # _____
Address: _____ OLATHE, KS ZIP _____
Secondary Owner Name: _____
Email address (optional) _____

Animal Description:

Check One: DOG: _____ CAT _____
Animal Name: _____ Male _____ Female _____ Spayed/Neutered? _____
Primary Color: _____ Secondary Color: _____
Primary Breed: _____ Mix? _____ Age _____
For Cats: (check one) Short Hair _____ Medium Hair _____ Long Hair _____
Distinguishing marks: _____

PLEASE INITIAL x _____ **Although rare, a vaccine reaction may occur. If you feel your dog/cat is having a reaction to a vaccine, call your Veterinarian or Emergency Clinic Immediately.**

I hereby verify that I am the owner of the animal that is the subject of this license application. I understand submission of a false statement is violation of applicable law for which I could be subject to civil or criminal penalties, and which may result in revoking any animal license issued.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

License Fee: _____

1 year Rabies: _____

3 year Rabies: _____

Distemper Complex: _____

DRIVERS LICENSE _____

FVRCP: _____

Bordetella: _____

Microchip: _____

Check _____ Cash _____

TOTAL: _____