



719 R D Mize Road
 Grain Valley, MO 64029
 816.847.6250
 816.847.6259 fax
 www.cityofgrainvalley.org

Animal License Form

The applicant must fill out **ALL** highlighted sections. Print clearly and legibly in blue or black ink—no pencil. Please read all conditions on this application before signing. The animal owner must sign and date the application. If not applicable, please write N/A (do not leave blank). When filling out addresses, please include St, Ave., Rd., Dr., etc. and zip code. **Applicant must attach proof of current rabies vaccination for each animal.** Maximum number of animals allowed per household is FOUR (4).

Owner's Name: _____ Owner's Date of Birth: _____

Telephone #: (____) _____ Cell #: (____) _____ Work #: (____) _____

Address: _____ City, State, Zip: _____

Email: _____ Driver's License #: _____

Emergency Contact Name: _____ Telephone #: (____) _____

	ANIMAL ONE	ANIMAL TWO	ANIMAL THREE	ANIMAL FOUR
ANIMAL'S NAME:				
BIRTH MONTH / YEAR:				
GENDER:	M / F	M / F	M / F	M / F
SPECIES:	DOG / CAT/ OTHER: _____	DOG / CAT/ OTHER: _____	DOG / CAT/ OTHER: _____	DOG / CAT/ OTHER: _____
BREED:				
COLOR(S) AND UNIQUE IDENTIFIER(S):				
SPAYED or NEUTERED:	YES / NO	YES / NO	YES / NO	YES / NO
VET CLINIC:				
VET CLINIC'S PHONE # AND ADDRESS:				
RABIES VACCINE EXPIR. DATE:				
RABIES TAG #:				
MICROCHIP #:				

I understand that all animal tags must be renewed by February 1st of each calendar year and that late charges may be added for animal licenses renewed after February 1st deadline. Licenses obtained after the February 1st deadline will be assessed a \$10 late fee. **The licenses obtained today will be valid until February 1st of the next calendar year.** I understand that failure to obtain or renew pet licenses will result in a summons to municipal court.

Signature: _____ Date: _____

TO BE COMPLETED BY CITY STAFF

LICENSE COST:	\$10.00	\$10.00	\$10.00	\$10.00
LICENSE NUMBER:				
RENEWAL:	YES / NO	YES / NO	YES / NO	YES / NO

Licensing Fee(s): _____ Water Dept. Initial: _____ Payment Stamp: _____

Late Fee(s): _____

Total Fees Paid: _____