

CITY OF WESTWOOD  
4700 RAINBOW BOULEVARD | WESTWOOD, KS 66205  
PHONE: 913.362.1550 | FAX: 913.362.3308  
INFO@WESTWOODKS.ORG

2023 DOG AND CAT LICENSE APPLICATION

All dogs and cats over the age of 6 months are required to be vaccinated against rabies and licensed yearly by January 15<sup>th</sup>. Please complete and return this application with a copy of your pet's most recent proof of rabies vaccination to the address above with the appropriate fees. Please do not mail cash.

**Licensing fees**

- \$5 for spayed/neutered pets
- \$10 for unaltered pets
- No charge for residents over the age of 60

Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Alternative \_\_\_\_\_

Email Address: \_\_\_\_\_

Veterinarian name: \_\_\_\_\_

Veterinarian Address: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_

<p><b>Pet #1</b></p> <p>Name: _____ Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Has this animal been spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Breed: _____ Color: _____</p> <p>Date of most recent rabies vaccination: _____ Vaccination good for: 1 year <input type="checkbox"/> 3 years <input type="checkbox"/></p>
<p><b>Pet #2</b></p> <p>Name: _____ Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Has this animal been spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Breed: _____ Color: _____</p> <p>Date of most recent rabies vaccination: _____ Vaccination good for: 1 year <input type="checkbox"/> 3 years <input type="checkbox"/></p>
<p><b>Pet #3</b></p> <p>Name: _____ Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Has this animal been spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Breed: _____ Color: _____</p> <p>Date of most recent rabies vaccination: _____ Vaccination good for: 1 year <input type="checkbox"/> 3 years <input type="checkbox"/></p>

For Office Use Only	
Check #	Receipt #