



CITY OF SMITHVILLE

APPLICATION FOR DOG LICENSE

<table border="1"><tr><th colspan="3">Fee Schedule (Please check one)</th></tr><tr><td><input type="checkbox"/></td><td>FEMALE (SPAYED)</td><td>\$10</td></tr><tr><td><input type="checkbox"/></td><td>FEMALE (UNALTERED)</td><td>\$20</td></tr><tr><td><input type="checkbox"/></td><td>MALE (NEUTERED)</td><td>\$10</td></tr><tr><td><input type="checkbox"/></td><td>MALE (UNALTERED)</td><td>\$20</td></tr><tr><td><input type="checkbox"/></td><td>REPLACEMENT TAG</td><td>\$5</td></tr></table>		Fee Schedule (Please check one)			<input type="checkbox"/>	FEMALE (SPAYED)	\$10	<input type="checkbox"/>	FEMALE (UNALTERED)	\$20	<input type="checkbox"/>	MALE (NEUTERED)	\$10	<input type="checkbox"/>	MALE (UNALTERED)	\$20	<input type="checkbox"/>	REPLACEMENT TAG	\$5	<ol style="list-style-type: none">1. Please fill out application completely.2. Complete a separate application for each dog.3. Attach a photo copy of proof of rabies vaccination4. Please send application and certificates along with payment to: City of Smithville Attn: Animal Licensing 107 W Main St Smithville, MO 64089	
Fee Schedule (Please check one)																					
<input type="checkbox"/>	FEMALE (SPAYED)	\$10																			
<input type="checkbox"/>	FEMALE (UNALTERED)	\$20																			
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<input type="checkbox"/>	MALE (UNALTERED)	\$20																			
<input type="checkbox"/>	REPLACEMENT TAG	\$5																			
OWNER'S NAME																					
PHONE		ALTERNATE PHONE																			
ADDRESS																					
DOG NAME		BREED	COLOR																		
RABIES VACCINATION DATE		RABIES TAG #	MICROCHIP # (IF APPLICABLE)																		

FOR OFFICE USE ONLY	
CITY TAG #	RECEIPT #

Mail to: CITY OF SMITHVILLE
107 W MAIN ST
SMITHVILLE, MO 64089

Phone: (816) 532-3897
Fax: (816) 532-3990

Visit
smithvillemo.org
for additional information