CITY OF KIMBALL

PO BOX 16
KIMBALL, SD 57355
Phone: 605-778-6277

APPLICATION FOR CITY PET LICENSE

Date: _____ City Tag Number: _____

Owner: _____

Address: _____

_____

Phone Numbers: Home: _____ Work: _____

Cell: _____

Pet's Name: _____

Check any that apply:

_____ Dog

_____ Cat

_____ Male

_____ Female

_____ Spayed or Neutered

Other Information: Age:_____

Breed: _____

Color: _____

Rabies Vaccination by Dr. _____, Date _____

I hereby acknowledge the above information is correct.

Signature: _____