

## PET TAG APPLICATION FORM

TO PURCHASE A PET TAG BY MAIL, COMPLETE AND MAIL THIS FORM ALONG WITH A COPY OF THE RABIES CERTIFICATE, AND YOUR CHECK OR MONEY ORDER TO:

City of Crestwood  
Community Center  
9245 Whitecliff Park Lane  
Crestwood, MO 63126

|   |  |
|---|--|
| Fees for a Dog or Cat four (4) months of age or older:<br>One Year License*: \$2.00<br>Mail In Processing Fee 1.00  | <b>A late charge of two dollars (\$2.00) shall be paid for each month or portion thereof after the first day of March.</b> |
| *Applications for City license shall be made after January 1 of each year and the license obtained on or before the first day of March of each year, for the period of March 1 of the current year through the last day of February of the following year. In the case of a newly acquired dog or cat, application needs to be sent within thirty (30) days of the acquisition of the animal. |  |

### OWNER INFORMATION

|                            |                                    |  |
|----------------------------|------------------------------------|--|
| Owner's Full Name<br><hr/> | Street Address & Zip Code<br><hr/> | Phone Numbers<br>Home _____<br>Work/Cell _____ |
|----------------------------|------------------------------------|--|

### PET INFORMATION

ANIMAL: CAT \_\_\_\_\_ DOG \_\_\_\_\_ OTHER (please specify) \_\_\_\_\_

|                   |                  |                                 |             |                  |     |
|-------------------|------------------|---------------------------------|-------------|------------------|-----|
| Pet's Name        |                  | Breed/Mix (Include Breed Group) |             | Color/Markings   | Age |
| Sex:              | Intact           | Spayed                          | Neutered    |                  |     |
| Date of Rabies    | # Year(s) 1 or 3 | Rabies Tag No.                  | Chip Number |                  |     |
| Veterinary Clinic |                  |                                 |             | Veterinary Phone |     |

### FOR OFFICE USE ONLY

|                           |                            |                  |
|---------------------------|----------------------------|------------------|
| Date Application Received | Date Application Processed | Tag No. assigned |
| Fees Paid                 | Clerk                      |                  |