

Prairie Paws Animal Shelter  
3173 Hwy K 68  
Ottawa, KS 66067  
(785) 242-2967  
(785) 242-7151

## Animal License Application

**Please Print**

ALL LICENSES EXPIRE DECEMBER 31st

Hours of Operation:  
Monday -- 11-6  
Tuesday -- Closed  
Wednesday -- 11-6  
Thursday -- 11-6  
Friday -- Closed  
Saturday -- 11-4  
Sunday -- Closed

### LICENSE FEES:

**\$8.00 - Altered**

**\$40.00 – Unaltered**

#### OWNER INFORMATION

Name (Last, first) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address (if same as home address please write "same") \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_  
E-mail \_\_\_\_\_

#### ANIMAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Breed \_\_\_\_\_  
Primary Color \_\_\_\_\_ Secondary Color \_\_\_\_\_  
Microchip # (if any) \_\_\_\_\_ Tattoo (if any) \_\_\_\_\_  
Gender:  MALE  FEMALE Altered:  YES (provide proof)  NO

#### RABIES VACCINATION INFORMATION (PROVIDE COPY OF RABIES CERTIFICATE)

Date last given \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Manufacturer \_\_\_\_\_ Lot # \_\_\_\_\_ Serial # \_\_\_\_\_  
Vaccination brand name \_\_\_\_\_ Veterinarian/ Clinic \_\_\_\_\_

*I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatement or omission of fact therein may cause denial or revocation of the license.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

License # \_\_\_\_\_

Fee \$ \_\_\_\_\_

Penalty \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

