



424 N. Sappington Road Glendale, Missouri 63122 (314) 965-3600 fax (314) 965-4772

APPLICATION FOR PET LICENSE

NAME OF OWNER _____ PHONE _____

ADDRESS _____ CELL PHONE _____

E-mail address _____

Pet's name _____

Breed _____ Color _____

Dog _____ Cat _____

Male _____ Female _____

Spayed/Neutered _____

Date of Rabies _____

Pet's name _____

Breed _____ Color _____

Dog _____ Cat _____

Male _____ Female _____

Spayed/Neutered _____

Date of Rabies _____

FEE: \$3.00 per pet

I hereby certify that the facts stated herein are true.

Signature: _____ Date: _____

cc: Police Dept.