

**CITY OF SPRING HILL**  
**401 N. Madison, PO Box 424, Spring Hill, KS 66083-0424**  
**Phone: (913) 592-3664 (City Hall)**

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's phone: \_\_\_\_\_

**APPLICATION FOR ANIMAL LICENSING**  
**Licensing Year: January 1 through December 31**  
**Due on or before: March 1**

All Spring Hill residents shall license their dog(s)/cat(s) when the animal is six months of age or older and renew each animal's license at the beginning of every calendar year. Residents shall provide evidence of spayed/neutered and current rabies vaccination.

Present or mail the application with proof of spayed/neutered and rabies to the address above. Payment by check should be made payable to the City of Spring Hill. **NOTE:** If you no longer own the animal or the animal is deceased, please indicate on this form and return to our office.

**LICENSE FEE PER ANIMAL:**

**January and February fees- \$5 for spay/neuter dogs or cats and \$10 for not spay/neuter animals.**

**March 1 through December 31- Add \$1 additional penalty fee for each calendar month or part thereof the license fee remains unpaid to the above charges of \$5 for spay/neuter animals or \$10 for not spay/neuter animals.**

**\*Please add an additional 50 cents per animal to have license returned to you by mail.**

Each household is limited to a total of 2 dogs. Contact City Hall for application process form to acquire a third dog.

Name of animal \_\_\_\_\_ Markings \_\_\_\_\_

Breed \_\_\_\_\_ Vaccination Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Rabies tag # \_\_\_\_\_ Veterinarian: \_\_\_\_\_ Dog/Cat \_\_\_\_\_ Spay/Neuter \_\_\_\_\_

***\*Please provide evidence of current rabies vaccination and spay/neuter paperwork from your veterinarian each year.***

Name of animal \_\_\_\_\_ Markings \_\_\_\_\_

Breed \_\_\_\_\_ Vaccination Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Rabies tag # \_\_\_\_\_ Veterinarian: \_\_\_\_\_ Dog/Cat \_\_\_\_\_ Spay/Neuter \_\_\_\_\_

***\*Please provide evidence of current rabies vaccination and spay/neuter paperwork from your veterinarian each year.***

I no longer own the following animal(s): \_\_\_\_\_

Payment type: Cash \_\_\_\_\_ Check \_\_\_\_\_ CK# \_\_\_\_\_ Total Fees Paid: \_\_\_\_\_

Owner's Signature \_\_\_\_\_