



RABIES VACCINATION AND LICENSE CERTIFICATE

1st Copy - Licensing Office

2nd Copy - Veterinarian

3rd Copy - Pet Owner

Please Print Clearly and Fill in All Information

License Fees: 1-Yr Unaltered Pet: \$33 3-Yr Unaltered Pet \$99 1-Yr Altered Pet \$10 3-Yr Altered Pet \$27

Last Name		First Name		Rabies Tag No.	Rabies Vacc. Date	Vacc. Exp. Date	Vaccine Route <input type="checkbox"/> IM <input type="checkbox"/> SQ
Address				Vacc. Serial/Lot #	Lot Exp. Date	Vacc. Manufacturer	
City		State	Zip	Licensed Veterinarian's Signature			Vet. Lic. No.
Home Phone		Work Phone		<input type="checkbox"/> License Purchased at Clinic License Tag # _____ License Date ____/____/____ Amount Paid \$ _____		<input type="checkbox"/> Purchase License from City Amount Due \$ _____ Mail this certificate with fee to: City of Kansas City, MO PO Box 219393 Kansas City, MO 64212-6393 Call 1-888-738-3463, x24 For More Information	
Species	Breed	Sex	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Unaltered				
Pet Name	Color(s)	Weight	Age/Birthdate	<input type="checkbox"/> 1-Yr Lic <input type="checkbox"/> 3-Yr Lic (3-yr Vacc Required) <input type="checkbox"/> \$5 Replacement Tag <input type="checkbox"/> Service Animal (Proof Required)			