



CITY OF BYRNES MILL
141 OSAGE EXECUTIVE CIRCLE
BYRNES MILL, MISSOURI 63051

Phone 636.677.7727
Fax 636.677.5533
www.byrnesmill.org

DOG/CAT LICENSE APPLICATION

OWNER: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONES: (home) _____ (cell/work) _____

1ST DOG/CAT:			
NAME: _____	BREED: _____	Micro Chipped? Yes	No
Male/Female: _____	Neutered/Spayed: _____	Size: Small	Med Large
Color: _____	Birth Year: _____	Weight: _____	
Vaccinated against rabies by: _____		Expiration Date: _____	
(Veterinarian's Name)			

2ND DOG/CAT:			
NAME: _____	BREED: _____	Micro Chipped? Yes	No
Male/Female: _____	Neutered/Spayed: _____	Size: Small	Med Large
Color: _____	Birth Year: _____	Weight: _____	
Vaccinated against rabies by: _____		Expiration Date: _____	
(Veterinarian's Name)			

3RD DOG/CAT:			
NAME: _____	BREED: _____	Micro Chipped? Yes	No
Male/Female: _____	Neutered/Spayed: _____	Size: Small	Med Large
Color: _____	Birth Year: _____	Weight: _____	
Vaccinated against rabies by: _____		Expiration Date: _____	
(Veterinarian's Name)			

As a responsible pet owner, I agree to comply with all City of Byrnes Mill animal regulations as published on the website at www.byrnesmill.org I understand that this license is good for the length of the vaccination from the date of registration and must be renewed prior to expiration.

_____ _____

Dog Owner's Signature **Date**

FOR OFFICE USE ONLY:

Fee: \$ _____ Penalty, if any: \$ _____ Total Due: \$ _____ Date: _____ Check:

1st Pet Tag #: _____ 2nd Pet Tag#: _____ 3rd Pet Tag#: _____ Cash:

License Issued By: _____ Check #: _____ Credit Card: