

Village of



419 Richmond Road  
Kenilworth, IL 60043

Phone: 847-251-1666  
Fax: 847-251-3908

www.villageofkenilworth.org

**2018 DOG LICENSE APPLICATION**

**FEE: \$30.00**

**DUE JANUARY 1, 2018**

\*Valid through December 31, 2018

**Personal Information**

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Dogs Information**

Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Color: \_\_\_\_\_

**Veterinarian Information**

Veterinarian Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

Current Rabies Number: \_\_\_\_\_

Date of Last Rabies Shot: \_\_\_\_\_ Date of Next Rabies Shot: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

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FOR OFFICE USE ONLY:

Dog Tag Number \_\_\_\_\_  Cash  Check No. \_\_\_\_\_