

Village of



419 Richmond Road
Kenilworth, IL 60043

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

www.villageofkenilworth.org

2019 DOG LICENSE APPLICATION

FEE: \$30.00

DUE JANUARY 1, 2019

*Valid through December 31, 2019

Personal Information

Owners Name: _____

Address: _____ City: _____ Zip Code: _____

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: _____

FOR OFFICE USE ONLY:

Dog Tag Number _____ Cash Credit/Debit Check No. _____