

APPLICATION FOR A MULTIPLE- PET LICENSE

Date: _____

APPLICANT INFORMATION

Name of Applicant: _____

Phone Number: (____) _____

Address: _____

GENERAL INFORMATION

1. Total Number of Dogs and or Cats over the age of four (4) months: _____

2. Age of Dogs and or Cats: _____

3. Date of inoculation against rabies for each animal: _____

4. Location of Shelter, on your property, for animals: _____

5. Size of shelter for animals: _____

The undersigned hereby makes application for a Multiple-pet owner license within the City of Chillicothe.

Signature of Applicant

.....
Official use

APPLICATION FEE: \$25.00 - Payable to the City of Chillicothe, must be attached

Please note that the renewal of this License must be done annually, no later than January 1, of each year.

RENEWAL FEE: \$10.00

~~~~~  
Validation Space: Paid \_\_\_\_\_ Check # \_\_\_\_\_  
Cash \_\_\_\_\_