

OVERLAND PARK

K A N S A S

ABOVE AND BEYOND. BY DESIGN.

City Clerk's Office
8500 Santa Fe Drive
Overland Park, KS 66212-2866

2019 ANIMAL LICENSING STATEMENT

License year: January 1 through December 31

DUE UPON RECEIPT

Allow up to 4 weeks to receive pet license.

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All dogs and cats older than 6 months of age are required to be licensed. Please follow the directions below to license your pet(s). Licenses renewed after June 30th will be assessed a \$20 late fee per pet.

What to Submit:

Please supply ALL of the following:

- This Licensing Statement with any corrections noted;
- Current rabies vaccination certificate;
- Check made payable to the City of Overland Park (please do not staple payment to this form).

License Fee Per Animal:

\$10 - Spayed/Neutered
\$20 - Not Spayed/Neutered

Beginning July 1:

(for Renewals Only - License fee, plus \$20 penalty per animal)

\$30 - Spayed/Neutered
\$40 - Not Spayed/Neutered

Where to Submit:

ON-LINE: <https://www.opkansas.org/go/pets/>

MAIL or WALK-IN:

City of Overland Park
City Clerk's Office
8500 Santa Fe Drive
Overland Park, KS 66212

OFFICE HOURS: 8 a.m. to 5 p.m., Monday-Friday

DROP BOX: Located outside main entrance of City Hall

Questions?

Information Line: 913-327-5738
City Clerk's Office: 913-895-6150

Special Animal Permits: (Applications available at the City Clerk's Office or from the City website.)

Keeping or harboring more than two dogs or more than two cats upon any premise or property requires a special animal permit. The fee is \$100 the first year and \$50 for each renewal year as long as you have not added additional dogs or cats and you have not moved. Please contact the City Clerk's Office for more information.

PET INFORMATION Draw a line through pets you no longer have, or email cod@opkansas.org, or call 913-895-6150 to let us know.

Type	Pet Name	Gender	Breed	Color	Tag #	Pet #	Fee	Rabies Exp	Vet Clinic
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Total amount **DUE UPON RECEIPT:** \$

NEW PET? ENTER INFORMATION BELOW:

Type	Pet Name	Gender	Breed	Color	Tag #	Pet #	Fee	Rabies Exp	Vet Clinic
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Owner Information: Name
Address
City, State, Zip

Home Phone:
Work Phone:
Cell Phone:
E-Mail:

FOR OFFICE USE ONLY: Date Pd: _____ CA/CK/CC: _____ Permit Pd: _____