



## CAT LICENSE CLKCAT (rev. 09/17) CITY ORDINANCE 14.01

PLEASE NOTE: Add a \$5.00 late fee if it is	after March 31 <sup>st</sup> an	d the cat is 5 mont	hs or older and ha	s been in the Cit	y of Kenosha	for more than 30 d	ays.
Owner's Full Name: _	Address:						
	First	MI	Last			Street	Zip
Phone Number:			Email /	Address:			
Name of Cat:					□ Male	□ Female	Age:
Breed:					_ Color:		
Spayed/Neutered:	Yes □ No (P	oof Required)	Rabies Ex	piration Date:			(Proof Required)
(If subm	itted by mail, incl	ude a copy of the	rabies vaccination	on certificate or	proof of spa	ying/neutering if r	necessary.)
City Clerk/Treasurer   6	25 52 <sup>nd</sup> St. Roon	n 105, Kenosha,	WI 53140   T: 2	62.653.4020	Email: cityc	lerk@kenosha.or	g   KENOSHA.ORG
CAT LICENSE CLKCAT (rev. 09/1' CITY ORDINANCE 14.0 FEES: If Spayed/Neu	1		lew 🛭	Renewal			
	Not Neutered:		iew 🗆	Reflewal			
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		MI					Zip
Phone Number:			Email <i>i</i>	Address:			
Name of Cat:					□ Male	□ Female	Age:
Breed:					_ Color:		
Spayed/Neutered:	Yes □ No (P	oof Required)	Rabies Ex	piration Date:	. /	1	(Proof Required)

(If submitted by mail, include a copy of the rabies vaccination certificate or proof of spaying/neutering if necessary.)