



OFFICE USE ONLY	
DATE FILED: _____	
INITIALS: _____	
LP: _____	CC: _____

PET FANCIER
CLK085 (rev. 11/17)
CITY ORDINANCE 14.013 D.

Fee: \$35.00/Year Expires: December 31, _____

New Renewal

Name: _____
FIRST M.I. LAST

Driver's License #: _____
STATE NUMBER

Address: _____ District #: _____
STREET ZIP

Phone Number: _____ Email: _____
(Correspondence Will Be Via Email If Address Is Given)

PLEASE NOTE: THERE IS A LIMIT OF UP TO FIVE (5) DOGS, CATS, OR COMBINATION THEREOF.

1. Number of Dogs*: _____

2. Number of Cats*: _____

*WORKING DOGS SUCH AS SERVICE DOGS, MEDICAL ALERT DOGS, AND CERTIFIED THERAPY DOGS ARE NOT INCLUDED IN THE PET LIMIT CALCULATION. HOWEVER, THEY MUST REMAIN LICENSED IN THE CITY.

3. Are there any working, service, medical alert, or certified therapy dogs included in the above?

Yes No If yes, how many? _____

4. Attach proof of current dog and/or cat licenses. **Attached**

5. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? Yes No

If yes, please explain: _____

Applicant Signature Date