

# VILLAGE OF KENNARD - PET LICENSE APPLICATION

If you live in Kennard Village limits and own a dog(s) and/or cat(s), complete this form and return with check made payable to:  
**Village of Kennard ● 208 Main St. ● Kennard, NE 68034**

You may legally own or harbor up to 2 dogs over the age of 4 months or 5 cats over the age of 4 months per residential or dwelling unit.

**LICENSE RENEWALS ARE DUE: May 1 each year**

**Owner Name:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

City/State/Zip: Kennard, NE 68034

**Phone #:** \_\_\_\_\_

**\*\*\*PLEASE READ CAREFULLY\*\*\***

**YOU ARE REQUIRED BY LAW TO LICENSE YOUR PETS.  
 Failure to do so is a violation of Village ordinances 3.203  
 and carries a penalty of a fine up to \$150.00 per pet.**

The Village of Kennard requires proof of rabies vaccination. Please  
 attach a copy to this application

**LICENSE FEES:** Dog or Cat spayed/neutered: \$5.00  
 Dog or Cat not spayed/neutered: \$10.00  
 Replacement Fee for Lost Tag: \$5.00

<b>PET #1</b> <input type="checkbox"/> DOG <input type="checkbox"/> Cat <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Male <input type="checkbox"/> Female	License Fee \$ _____
Pet Name _____ Age _____	Replacement \$ _____
Color _____ Breed _____	
Declared Dangerous or Potentially Dangerous Dog <input type="checkbox"/> YES <input type="checkbox"/> NO	Subtotal \$ _____
RABIES VACCINATION DATE: _____ (3yr) _____ 1yr _____	Village Tag # _____

<b>PET #2</b> <input type="checkbox"/> DOG <input type="checkbox"/> Cat <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Male <input type="checkbox"/> Female	License Fee \$ _____
Pet Name _____ Age _____	Replacement \$ _____
Color _____ Breed _____	
Declared Dangerous or Potentially Dangerous Dog <input type="checkbox"/> YES <input type="checkbox"/> NO	Subtotal \$ _____
RABIES VACCINATION DATE: _____ (3yr) _____ 1yr _____	Village Tag # _____

<b>PET #3</b> <input type="checkbox"/> DOG <input type="checkbox"/> Cat <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Male <input type="checkbox"/> Female	License Fee \$ _____
Pet Name _____ Age _____	Replacement \$ _____
Color _____ Breed _____	
Declared Dangerous or Potentially Dangerous Dog <input type="checkbox"/> YES <input type="checkbox"/> NO	Subtotal \$ _____
RABIES VACCINATION DATE: _____ (3yr) _____ 1yr _____	Village Tag # _____

**Signature of Pet Owner** \_\_\_\_\_

**If you have questions, please contact the Village of Kennard at (402) 426-4191**

<b>***FOR OFFICE USE ONLY***</b>	
Date Received _____	Final Total \$ _____
Proof of Rabies Vaccination Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Received By _____	