City of Afton

Kennel License Application

NAME: _____

ADDRESS:_____

MAILING ADDRESS, IF DIFFERENT:_____

PHONE NUMBER: _____

Name of Vet Clinic or Doctor:

_____

Please provide a document from a veterinarian that all of the listed dogs are current with Rabies Shots:

Please list all dogs on Property:
Name, Breed, Color, Age
(Attach addition sheets if needed)

_____ _____

Signature/Title of Applicant **Signature of City Official**