

**DUE UPON RECEIPT**

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

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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. Allow up to 4 weeks to receive pet license if using mail or drop box.

**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](mailto: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: \_\_\_\_\_