

CITY OF LINN VALLEY DOG LICENSE RECEIPT

Date: _____

Customer Copy

Owner Name: _____

Ph# _____

City of Linn Valley
22412 E 2400 Rd Linn
Valley, KS 66040
913-757-2926

Address: _____

Dog Name: _____ Color & Breed: _____

City Tag# _____ Rabies Tag# _____ Expiration date: _____

Male: ___ UNNEUTERED \$6.00/ ___ NEUTERED \$3.00

Female: ___ UNSPAYED \$6.00/ ___ SPAYED \$3.00

Dog Name: _____ Color & Breed: _____

City Tag# _____ Rabies Tag# _____ Expiration date: _____

Male: ___ UNNEUTERED \$6.00/ ___ NEUTERED \$3.00 Kennel Fee (3+ dogs) \$25.00

Female: ___ UNSPAYED \$6.00/ ___ SPAYED \$3.00 **Total \$** _____ by: _____

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