



**DOMESTIC ANIMAL MAINTENANCE PERMIT APPLICATION**

Residential \$20.00 [ ] Commercial \$50.00 [ ] Industrial \$100.00 [ ]

Agricultural \$50.00 [ ] Agricultural (bee keeping only) \$20.00 [ ]

Expires annually April 30

CITY LICENSE (316) 268-4553  
 455 N. MAIN Wichita, KS 67202  
[www.wichita.gov](http://www.wichita.gov)

**SECTION 1-OWNER INFORMATION**

Name of Owner	
Address of Owner	Phone Number
City State Zip	
Address where animals will be kept (if different from owners address):	
List the Name, Type, Breed, Color, Sex and Rabies Vaccination date:	
<b>#1 NAME:</b>	<b>#2 NAME:</b>
TYPE/BREED:	TYPE/BREED:
COLOR:	COLOR:
SEX:	SEX:
RABIES VACC. DATE (FOR DOGS / CATS):	RABIES VACC. DATE (FOR DOGS / CATS):
<b>#3 NAME:</b>	<b>#4 NAME:</b>
TYPE/BREED:	TYPE/BREED:
COLOR:	COLOR:
SEX:	SEX:
RABIES VACC. DATE (FOR DOGS / CATS):	RABIES VACC. DATE (FOR DOGS / CATS):

**REQUIREMENTS:**

1. Applicant must furnish all required documentation before application will be accepted.
2. Applicant must provide proof of current annual rabies vaccine for all dogs. Vaccination must be administered by a licensed veterinarian within the 12 month period prior to applying for this license. Applicant must provide proof of current licenses as required in Chapter 6.04 of the code of the City of Wichita.
3. Applicant must comply with all City of Wichita and State of Kansas ordinances, statutes, and regulations pertaining to the care, maintenance, keeping, and management of domestic animals.

I have read and understand the above requirements pertaining to the acquisition of a Domestic Animal Maintenance Permit and agree to comply with all requirements set forth by applicable ordinances and policies established by the City of Wichita. I agree to allow the Health Officer or their designee, access to the property where my animals are owned, kept, or harbored for the purpose of inspection and verifying compliance with the regulations and ordinances pertaining to proper animal care and maintenance. If I am granted a Domestic Animal Maintenance Permit, I understand that failure to comply with the regulations set out in Chapter 6.04 of the Code of the City of Wichita may result in my permit being revoked for a minimum of 24 months. If revoked, I will not be eligible for any refund of the fees assessed for said permit. I also understand that, in addition to revocation of my permit, violation of any of the provisions, requirements, or conditions of this permit mandated by the City of Wichita may result in legal action taken against me.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

	Approved	Disapproved	Date
Animal Services			
Environmental Services			
License Number		Date Issued	Expiration Date