

APPLICATION FOR KENT COUNTY, MD
DOG LICENSE FOR FISCAL YEAR
7/1/2020-6/30/2021

Name of Owner _____

Address _____

Home Phone _____ Cell Phone _____

Name of Dog _____ Breed _____

Color _____ Sex _____

Rabies Tag # _____ Expiration Date: _____

Vaccinating Agent _____

Fee: Neutered or Spayed: \$5.00 Unaltered: \$10.00

Amount Enclosed: _____

Please make checks payable to

The County Commissioners of Kent County

Please mail this application, fee and proof of rabies inoculation to:

**Kent County Office of Finance
400 High St
Chestertown, MD 21620**

License (s) and Tag (s) will be mailed to you upon receipt.

Should you have any questions please call 410-778-7478