



Kent County Dog License

7/1/24-6/30/25

Owners Name: _____ Address: _____ _____ Phone Number: _____	Dogs Name: _____ Breed/Color: _____ _____ Age—Male/Female: _____
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Rabies Tag #: _____ **Vaccination Expires:** _____
Vaccination Agent: _____

_____ **Neutered/Spayed \$5.00**
_____ **Regular \$10.00**

Pursuant to the provisions of Article 56, Section 191, section 18-318 of the Health-General Article of the Annotated Code of Maryland and Article 1, Chapter 2 of the Public Laws of Kent County, Maryland.

Patricia M. Merritt, CFO

Issuing Agent

For Office of Finance use only		
_____	_____	_____
License#	Date Issued	Amount Paid