

[In accordance with Leawood Code § 2-202, please fill out and submit to City Clerk's Office.]

Date _____

**CITY OF LEAWOOD, KANSAS
SPECIAL ANIMAL PERMIT APPLICATION**

Name of Applicant: _____

[Date of Birth]

[Driver's License No.]

Address _____, Leawood, Kansas Zip _____

Previous Address _____

Home Phone: _____ Work: _____

Cell Phone(s): _____

Approximate Size of Property where animals are to be kept: _____

Is Property Fenced: Yes _____ No _____ If No, how will animals [Dogs] be confined?

Name & Address of Veterinarian: _____

Phone: _____

DESCRIPTION OF ANIMALS TO BE KEPT ON PROPERTY

1. Dog/Cat _____ Breed: _____ Age: _____
Color: _____ Sex: _____ S/N: _____ Name: _____
2. Dog/Cat _____ Breed: _____ Age: _____
Color: _____ Sex: _____ S/N: _____ Name: _____
3. Dog/Cat _____ Breed: _____ Age: _____
Color: _____ Sex: _____ S/N: _____ Name: _____
4. Dog/Cat _____ Breed: _____ Age: _____
Color: _____ Sex: _____ S/N: _____ Name: _____
5. Dog/Cat _____ Breed: _____ Age: _____
Color: _____ Sex: _____ S/N: _____ Name: _____
6. Dog/Cat _____ Breed: _____ Age: _____
Color: _____ Sex: _____ S/N: _____ Name: _____

