 PET LICENSE APPLICATION

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone number: \_\_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccination expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Documentation to be submitted with application)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pet Name | Type Dog/Cat | Breed | Color | Sex M/F  | Neu/Spay | License Tag #  |
|   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |

FEES

Received Before January 31 After February 1

Cat Unsexed $4.00 $14.00

Cat Sexed $6.00 $16.00

Dog Unsexed $8.00 $18.00

Dog Sexed $11.00 $21.00

Payable to City of Altura

 25 N Main St

 Altura MN 55910

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_\_\_\_\_\_

Amount Paid $\_\_\_\_\_\_\_\_\_\_