



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 #

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 \$ \_\_\_\_\_