



651-747-3900
3800 Laverne Avenue North
Lake Elmo, MN 55042

DOG LICENSE 201__ APPLICATION No. _____

Owner: _____

Phone Number: _____

Address: _____

Date Issued ___/___/___
Expires: December 31, 201___

Pet Name: _____

Sex: _____

Breed: _____

Color: _____

Rabies Tag #: _____

Date of Vaccination: _____

Expires: _____

When submitting a Dog License Application, please also bring a copy of your pet's most recent Rabies Vaccination Certificate
--