



City of Lake Elmo
3800 Laverne Ave. N.
Lake Elmo, MN 55042

DOG LICENSE 201__ APPLICATION No. _____

Owner: _____

Phone Number: _____

Address: _____

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

Pet Name: _____ Sex: _____ Altered: _____

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
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