

DOG LICENSE APPLICATION

License year: June 1, 2020 to May 31,2021

MAIL THE REQUIRED DOCUMENTS AND FEES TO:

Cashier- City of St. Cloud 400 2ND ST S ST. CLOUD, MN 56301-3699

Application Date: / /	
Owner Information:	
Primary Owner:	
Street Address:	Zip Code:
Phone: () Cell Phone:	()
Email: By providing your email address, you grant the City of St. Cloud permission to send you email notices regarding your dog.	
Check here if you have had your dog licensed in St. Cloud before?	
Dog Information:	
Dog's Name:	Sex:
Breed: Color:	
Date of Birth:/ Spayed/neutered: YES NO NO	
Fees and Required Documentation:	
Dog spayed or neutered	
Late Fee	
Call 320-257-5959 for non-resident	
IF YOU NO LONGER OWN THIS DOG OR HAVE ANY QUESTIONS Call 320-255-7214 or email Health@ci.stcloud.mn.us	FOR OFFICE USE ONLY
	Rabies Exp. Date//
IF PAYING BY CASH OR CREDIT CARD	Spay/Neuter: YES NO
Bring required information to the address listed above. FAILURE TO LICENSE YOUR DOG May result in an administrative citation per City Ordinance Section 1100.	Receipt Date://
	Tag Number: 2020
	Entered By: