

# City of Glyndon

Minnesota



City Council:

Mayor Tracy Tollefson  
Joe Olson  
Dave Owings  
Kimberly Savageau  
Justin Schreiber

## PET LICENSE APPLICATION

PET'S NAME: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**DOG:**

Male: \_\_\_\_\_  
Neutered Male: \_\_\_\_\_  
Female: \_\_\_\_\_  
Spayed Female: \_\_\_\_\_

**CAT:**

Male: \_\_\_\_\_  
Neutered Male: \_\_\_\_\_  
Female: \_\_\_\_\_  
Spayed Female: \_\_\_\_\_

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_

VET CLINIC USED: \_\_\_\_\_

VACCINATION RECORD PRESENTED: YES \_\_\_\_\_ NO \_\_\_\_\_

(Vaccination record may be either certificate issued by veterinarian clinic or current rabies tag. If tag is presented as proof, please record tag number and clinic where issued).

OWNER'S NAME: \_\_\_\_\_

ADDRESS (include PO Box): \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

APPROVED BY: \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Other

**FEE: \$6.00**



LICENSE NUMBER ISSUED: \_\_\_\_\_