

City of Glyndon

Minnesota



City Council:

Mayor Cecil Johnson
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



LICENSE NUMBER ISSUED: _____