

# 2020 ANIMAL LICENSE APPLICATION



Office of Clerk/Treasurer • 112 2nd Ave West • PO Box 356 • Lambertson, MN 56152 • (507) 752-7601

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Animal Information

Name: \_\_\_\_\_ Type: Dog Cat

Color: \_\_\_\_\_ Gender: Female Male

Breed: \_\_\_\_\_

Spayed/Neutered: Yes No Vacc. Exp. Date: \_\_\_\_\_

Please attach current vaccination record to this application.

License Number: \_\_\_\_\_ License Fee: \$10.00

By Signing below I attest that the information I have provided is true and accurate to the best of my knowledge. I understand that this animal license is valid from the May 1st, 2020 until April 30th, 2021.

Payment Stamp

A rectangular box intended for a payment stamp, currently empty.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_