

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 May 1st of the application year until April 30th of the following year.

Payment Stamp

Applicant Signature: _____ Date: _____

Clerk Signature: _____ Date: _____