



## ANIMAL LICENSE APPLICATION

339 Third St. • Excelsior, MN 55331  
952-653-3674

LICENSE  
YEAR: **2022**

Type of License	Annual Fee Due	Fee Due After April 1st
Spayed or Neutered	\$25.00/year	\$30.00/year
Not Spayed or Neutered	\$40.00/year	\$45.00/year
Duplicate Tag	\$5.00/each	

Owner's Name: \_\_\_\_\_

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

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

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

*\*\* City Code, Chapter 6, Animals, Sec. 6-5 Ownership Limits. "No person shall own, keep, harbor, or maintain, or otherwise house more than a combined total of four cats, dogs, and ferrets over the age of six months, nor more than three of the same species."*

Breed of Dog:	Age of Dog:	Color:
Dog's Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Veterinary Clinic:	Veterinary Clinic Phone Number:	

*By signing this application, I understand that I must keep a Certificate of Vaccination for my dog valid for the license term. All dogs kept, harbored, or maintained within the City shall be vaccinated for rabies by a qualified veterinarian.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WHEN RETURNING APPLICATION BY MAIL  
YOU MUST SUBMIT A COPY OF CURRENT RABIES VACCINATION**

For Office Use Only:

License Tag #: \_\_\_\_\_ Rabies Expiration Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt No. \_\_\_\_\_