



City of Detroit Lakes
1025 Roosevelt Ave
PO Box 647
Detroit Lakes, MN 56502-0647
218-847-5658

Office Use Only Tag #:

PET LICENSE APPLICATION

January 1 to December 31

License Fee is \$20/pet

Please complete a separate application for each pet.

OWNER INFORMATION

Name: _____

Address: _____

Phone: _____

E-mail: _____

PET INFORMATION

Species: Dog Cat

Gender: Male Female

Name: _____

Age: _____

Breed: _____

Color: _____

Weight: _____

Markings: _____

Is this a service animal? No Yes *If yes, please include documentation. Note: There is no fee for a service animal.*

Is the animal spayed/neutered? No Yes

RABIES VACCINATION INFORMATION

Vaccination Date: _____

Expiration Date: _____

Vet or Vet Clinic: _____

Please include a copy of the rabies certificate with this application.

ACKNOWLEDGEMENT

I hereby state that all the information included on this application is true and correct and that I shall comply with all the provisions of the ordinances of the City of Detroit Lakes and Laws of the State of Minnesota and their amendments.

Signature: _____

Date: _____