

DOG/CAT LICENSE APPLICATION

City Ordinance Title: IX Ch. 90.05

Name:			
Physical Address:			
Mailing Address:			
Phone:			
Email:			
Dog/Cat Name:		Age:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Spayed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Color/ Markings:			
Canine:			
<input type="checkbox"/> Boxer	<input type="checkbox"/> Collie	<input type="checkbox"/> Poodle	<input type="checkbox"/> Mixed Breed
<input type="checkbox"/> Pit Bull	<input type="checkbox"/> Dachshund	<input type="checkbox"/> Setter	
<input type="checkbox"/> Pit Mix	<input type="checkbox"/> Great Dane	<input type="checkbox"/> Shepherd	
<input type="checkbox"/> Chihuahua	<input type="checkbox"/> Hound	<input type="checkbox"/> Spaniel	
<input type="checkbox"/> Chow	<input type="checkbox"/> Labrador	<input type="checkbox"/> Terrier	
Feline:			
<input type="checkbox"/> White	<input type="checkbox"/> Brindle	<input type="checkbox"/> Spotted	
<input type="checkbox"/> Black	<input type="checkbox"/> Red		
<input type="checkbox"/> Brown	<input type="checkbox"/> Tan		

If you have a new or unlicensed dog, please complete this application and mail it with your payment of \$25 to the following address or place in the red box at the City offices.

City of Crosby
2 Second Street SW
Crosby, MN 56441

Your tag will be mailed to you at the mailing address provided above.

If you have any questions, you may call City Hall at: 218-546-2021

FOR OFFICE USE ONLY	
Issue/Mail Date:	Tag Expiration:
Issued by:	Receipt No.