

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"/> Pit Bull	<input type="checkbox"/> Dachshund
<input type="checkbox"/> Pit Mix	<input type="checkbox"/> Great Dane
<input type="checkbox"/> Chihuahua	<input type="checkbox"/> Hound
<input type="checkbox"/> Chow	<input type="checkbox"/> Labrador
<input type="checkbox"/> Poodle	<input type="checkbox"/> Mixed Breed
<input type="checkbox"/> Setter	
<input type="checkbox"/> Shepherd	
<input type="checkbox"/> Spaniel	
<input type="checkbox"/> Terrier	
Feline:	
<input type="checkbox"/> White	<input type="checkbox"/> Brindle
<input type="checkbox"/> Black	<input type="checkbox"/> Red
<input type="checkbox"/> Brown	<input type="checkbox"/> Tan
	<input type="checkbox"/> Spotted

If you have a new or unlicensed dog, please complete this application and mail it with your payment of \$10 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 question you may call City Hall at: 218-546-2021

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