



Dog License Application – 2019

Once completed, please bring form to City Hall located at 704 Broadway Alexandria, MN 56308

Please use a separate form for each dog.

Date Issued _____

License Fee: \$20.00

Name of Owner _____

Address of Owner _____

Phone Number _____ Email _____

Name of Person Making Application (if not Owner) _____

Address of Person Making Application (if not Owner) _____

Phone Number _____ Email _____

Breed of Dog _____ Description _____

Gender of Dog (F) ___ (M) ___ (N) ___ (S) ___ Age of Dog _____

Name of Dog _____

Signature of Applicant _____

Please provide required certification of current rabies vaccination (vaccination date not more than two years before the expiration of this license).

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For City Use:

Fee Received _____ Tag # _____ Dog License Expires: 12-31-19

Date Rabies Shot Expires _____ Veterinary Clinic _____