

# PET LICENSE APPLICATION

## CITY OF CARLOS

DATE: \_\_\_\_\_

BREED: \_\_\_\_\_

SEX: (circle one) MALE          FEMALE

SPAYED OR NEUTERED? (circle one)      YES          NO

COLOR: \_\_\_\_\_

DISTINCTIVE MARKINGS (if any): \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

NAME & LOCATION OF VET CLINIC:

\_\_\_\_\_

OWNER'S NAME, ADDRESS AND PHONE (must be 18 years of age)

\_\_\_\_\_

I agree to maintain a current "Rabies Vaccination Certificate" with the City Clerk.

I understand that the annual individual dog license fee (currently \$10) will be collected in May of each year via the City utility bill (water/wastewater bill).

I will notify the City clerk @320-852-3000 or [cityofcarlos@gctel.com](mailto:cityofcarlos@gctel.com) if I no longer have my dog.

I have received a copy of the City of Carlos Dog ordinance(s).

OWNER'S SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

CLEARED BY:

LICENSE NUMBER ISSUED:

DATE OF VACCINATION:

EXPIRATION DATE: