

# ANIMAL LICENSE APPLICATION

Return this form and license fee to city hall.  
APPLICATION DUE DATE: JUNE 1, 200\_

**City of Sartell**  
125 Pine Cone Road N  
P.O. Box 140  
Sartell, MN 56377

Rcpt/Tag # \_\_\_\_\_  
*City use only*

License Year: June 1, 200\_ to May 31, 200\_ Fee:

**IF YOU NO LONGER OWN THIS ANIMAL, PLEASE CALL CITY HALL SO THAT WE CAN UPDATE OUR RECORDS.**

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered

Vaccination Expiration: \_\_\_\_\_ (send along copy of rabies vaccination

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
**Sartell, Mn 56377**

**BY APPLYING FOR THIS ANIMAL LICENSE, I AGREE TO:**  
Limit the number of dogs per household to two.  
Promptly Clean up my animal(s) waste.  
Stop my dog from annoying barking, howling, or whining.  
Keep my animal(s) on my property.  
Leash my dog when on a walk.

## TO LICENSE YOUR ANIMAL:

Animal License Fees:	Animal spayed/neutered.....	\$10.00
	Animal not spayed/neutered.....	\$25.00
After June 1 <sup>st</sup> .	Animal spayed/neutered.....	\$20.00
	Animal not spayed/neutered.....	\$35.00

Check your application to see if all information is correct. Please make any changes necessary.

If your rabies vaccination is expired, you will be required to provide a current rabies certificate.

If your animal has been spayed or neutered and it is not indicated on this application, please bring proof obtained from your veterinarian.

Please call 253-2171 if you have questions.

Rcpt. Date \_\_\_\_\_ Vacc. Date: \_\_\_\_\_ Spay/Neuter YES NO  
This application is a receipt when signed by the clerk: \_\_\_\_\_  
Yellow-city White-owner