



## ANIMAL LICENSE APPLICATION

350 Highway 7, Ste 230 • Excelsior, MN 55331  
952-653-3674

LICENSE YEAR:  
**2023**

| Type of License        | Annual Fee Due | Fee Due After April 1st |
|------------------------|----------------|-------------------------|
| Spayed or Neutered     | \$25.00/year   | \$30.00/year            |
| Not Spayed or Neutered | \$40.00/year   | \$45.00/year            |
| Duplicate Tag          | \$5.00/each    |                         |

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*\* City Code, Chapter 6, Animals, Sec. 6-5 Ownership Limits. "No person shall own, keep, harbor, or maintain, or otherwise house more than a combined total of four cats, dogs, and ferrets over the age of six months, nor more than three of the same species."*

|                    |                                 |                                 |
|--------------------|---------------------------------|---------------------------------|
| Breed of Dog:      | Age of Dog:                     | Color:                          |
| Dog's Name:        | Male <input type="checkbox"/>   | Female <input type="checkbox"/> |
| Veterinary Clinic: | Veterinary Clinic Phone Number: |                                 |

*By signing this application, I understand that I must keep a Certificate of Vaccination for my dog valid for the license term. All dogs kept, harbored, or maintained within the City shall be vaccinated for rabies by a qualified veterinarian.*

Signature of Applicant

Date

**WHEN RETURNING APPLICATION BY MAIL  
YOU MUST SUBMIT A COPY OF CURRENT RABIES VACCINATION**

For Office Use Only:

License Tag #: \_\_\_\_\_ Rabies Expiration Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt No. \_\_\_\_\_