



2009-2010 License Tag #: _____

Receipt No. _____

Date: _____

Application for (check one):

DOG LICENSE - \$10 payable to City of Coon Rapids

CAT REGISTRATION – no fee

Please print:

ANIMAL INFORMATION:

OWNER INFORMATION:

Name of Pet

Owner Name

Breed of Pet

Owner Street Address

Male Female Age of Pet _____

Zip Code: 554_____

Pet Color

Owner Telephone

Notable Markings

PROOF OF RABIES VACCINATION:

Owner Signature

Certificate/Tag Number: _____

Date

Effective Dates of Vaccination:

_____ to _____

Name of Veterinary Clinic

LICENSE

WHEREAS, the above named person has paid the appropriate fee to the City Treasurer as required by City Code Section 6-100 and has complied with the requirements of said Code necessary for obtaining this license.

NOW, THEREFORE, by order of the Coon Rapids City Council and by virtue thereof, the above named person is hereby licensed and authorized to keep the above described pet. This license expires on **DECEMBER 31, 2010** and is subject to all the conditions and provisions of said code.

Given under my hand and seal of the
City of Coon Rapids, Minnesota.

Joan A. Anderson, City Clerk