City of Lonsdale
Dog License

TAG #_____

415 Central St. W
P.O. Box 357
Lonsdale, MN 55046

Phone: (507) 744-2327
Fax: (507) 744-5554

PET OWNER INFORMATION:

_____ _____
Date Applicant's Name

_____
Address

_____
City State Zip

_____ _____
Home Phone # Cell Phone #

PET INFORMATION:

_____ _____
Dog's Name Date of Birth

Sex: ☐ Male ☐ Female _____
Breed

Color (s): _____ _____ _____
Dominate Secondary Third

Spay/Neuter: ☐ Yes ☐ No Rabies Vaccination Date: ___ /___/____

YOU MUST ATTACH A COPY OF VACCINATION FROM YOUR VETERINARIAN
(You can also have your veterinarian fax a copy of the vaccination to City Hall at 507-744-5554)

CITY CONTACTS:

City Hall (507) 744-2327
Police Station (507) 744-2300
Public Works (507) 744-2397

LICENSE INFORMATION

FEE $20.00 FOR 2 YEARS (Expire on May 15th)

$2.00 FOR REPLACEMENT TAG

RECEIPT NO.:
_____

DATE PAID:
_____

EXPIRATION DATE:
_____

ACKNOWLEDGMENT:

I hereby certify that the information contained herein is correct and I agree to the provisions of the City Code of the City of Lonsdale. I make this statement subject to the criminal penalties of §10.99 of Lonsdale City Code.

_____ _____
Applicant's Signature City Official