



City of Lake Crystal

100 E Robinson – PO Box 86
Lake Crystal, MN 56055
Phone: 507-726-2538 Fax: 507-726-2265

DOG AND CAT LICENSE APPLICATION

DOG _____ CAT _____

OWNERS NAME _____ PHONE (H) _____

ADDRESS _____

Lake Crystal, MN 56055

PETS NAME _____ AGE _____

BREED _____ WEIGHT _____ SEX: F M

COLOR: spotted ___ white ___ black ___ brown ___ other _____

RABIES EXPIRATION DATE _____ (attach documentation)

VETERINARY HOSPITAL: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

I certify that the foregoing is a true statement. Application is hereby made for the animal described above.

Pet Owner Signature: _____ Date: _____

OFFICE USE _____

Fee: \$5.00 Cash _____ Check _____

License # _____ Permit Expiration (1 year from issuance) _____