



CITY OF DULUTH
CITY CLERK'S OFFICE
 318 City Hall • 411 West First Street
 Duluth, Minnesota 55802-1189
 Phone (218) 730-5500

Please complete this application and submit to the address above.

| PET LICENSE APPLICATION January 1 to December 31 | | | | | | |
|---|------------------------------|-----------------|---|----------------------------|---------|--|
| LICENSE TYPES (CHECK ONE) | | | | | | |
| INCLUDE AMOUNT DUE IN CASH OR A CHECK OR MONEY ORDER MADE PAYABLE TO THE CITY OF DULUTH | | | | | | |
| | Annual compliant | \$10.00 | | Lifetime - compliant | \$60.00 | |
| | Annual altered non-compliant | \$25.00 | | Lifetime - change of owner | \$5.00 | |
| | Annual unaltered | \$75.00 | | Service Animal | Free | |
| | Duplicate tag | \$5.00 | IMPORTANT! Please note that emotional support animals do not qualify as service animals for purposes of animal licensing. | | | |
| OWNER INFORMATION | | | | | | |
| NAME(S) | | | | | | |
| ADDRESS | | | | | | |
| PHONE/EMAIL | | | | | | |
| PET INFORMATION | | | | | | |
| SPECIES | <input type="radio"/> | DOG | <input type="radio"/> | CAT | | |
| NAME | | | SEX | | AGE | |
| BREED | | | COLOR | | | |
| SPAY/NEUTER INFORMATION | | | | | | |
| SPAYED/NEUTERED? (Y/N) | | DATE | | | | |
| VET OR VET CLINIC NAME | | | | | | |
| NOTE: If pet has been spayed or neutered, include the certificate with this application. It will be returned with the license. | | | | | | |
| RABIES VACCINATION INFORMATION | | | | | | |
| VACCINATION DATE | | EXPIRATION DATE | | | | |
| VET OR VET CLINIC NAME | | | | | | |
| NOTE: Include the Rabies Certificate with this application. It will be returned with the license. | | | | | | |