



Application for a Dog License

Application Date: _____

Owner's Name: _____

Address: _____

Phone: _____

Dog's Name: _____ Age: _____

Male _____ Neutered _____ Female _____ Spayed _____

Predominate Color _____ Special Markings _____

Breed: _____

Date of Rabies Vaccine: _____ Clinic: _____

Clinic Phone: _____

Please return completed application, proof of vaccination and a check for the appropriate fee to:

City of Shakopee, 129 S. Holmes St., Shakopee, MN 55379

OFFICE USE ONLY

Tag No. _____

Tag Issued By: _____

Date: _____

Fee \$ _____