

# Dog License Application

Wayzata Police Department Records Unit

600 Rice St E, Wayzata, MN 55391

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## All dogs over the age of six months must be licensed

Owners with more than two dogs must also obtain a Kennel Permit.

THIS APPLICATION MUST BE ACCOMPANIED BY CURRENT PROOF OF RABIES VACCINATION FOR EACH DOG. If you mail in your application, rabies records will be returned to you by mail along with your dog license(s).

### DOG OWNER INFORMATION

Owner Full Name \_\_\_\_\_ Owner Date of Birth \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Address \_\_\_\_\_

Veterinarian or Clinic \_\_\_\_\_ Telephone \_\_\_\_\_

### DOG INFORMATION

#### Dog #1

Dog Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Age \_\_\_\_\_ Male or Female (circle one)

Date of Rabies Vaccination \_\_\_\_\_ Vaccination Expiration Date \_\_\_\_\_

**\*\*Circle One:** One year license for \$27 or Two year license for \$42

#### Dog #2

Dog Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Age \_\_\_\_\_ Male or Female (circle one)

Date of Rabies Vaccination \_\_\_\_\_ Vaccination Expiration Date \_\_\_\_\_

**\*\*Circle One:** One year license for \$27 or Two year license for \$42

Vet Clinic (if different from stated above) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*FOR CITY USE ONLY\*\*\*\*\*

Dog #1 License # \_\_\_\_\_ Dog #2 License # \_\_\_\_\_

License Fee Due \$ \_\_\_\_\_ Tag issued by \_\_\_\_\_ Date \_\_\_\_\_

Date of Expiration: \_\_\_\_\_