Annual Domestic Animal License Application

|  |  |
| --- | --- |
| Application Date:  | Annual License Fee: $5.00Money Order, Cash or Checks payable to:CITY of GLENWOOD  |
| Name of Owner(s): PLEASE INCLUDE A COPY OF A PHOTO ID. |
| Address: |
| Phone:  | Email: |
| Name of Animal: | Type/Breed: |
| Physical Description (color, weight…): |
| Gender: Male or Female  | Intact or Spay/Neutered |
| Date of Rabies Vaccination (Must be within 2 years):  |
| Signature: |

Once completed, please bring or mail form to City Hall located at

100 17th Ave NW PO BOX 254 Glenwood, MN 56334

Please use a separate form for each animal.