



# City of Menahga—Dog License

115 2nd St NE—PO Box C, Menahga, MN 56464

Phone (218) 564-4557 Fax (218) 564-4612



### Owner Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

### Dog Information

Name: \_\_\_\_\_

Breed: \_\_\_\_\_  
\_\_\_\_\_

Color: \_\_\_\_\_

Markings: \_\_\_\_\_  
\_\_\_\_\_

Weight (lbs): Under 20   21-50   51-100   100+

Age: \_\_\_\_\_

Sex:   Male   Female   Altered or Intact

### City Registration

1 year—\$5   2 years—\$10

Tag Year \_\_\_\_\_ Tag Number \_\_\_\_\_

Date of Registration: \_\_\_\_\_

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

### City Tag Information

Tag Year \_\_\_\_\_

Tag Number \_\_\_\_\_

### Vet Information

Office Name: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Rabies Tag Number: \_\_\_\_\_

Date Vaccinated: \_\_\_\_\_

Vaccination Expires: \_\_\_\_\_

**Attach Photo below**