



PET LICENSE APPLICATION

TODAY'S DATE: _____

2024 LICENSE EXPIRATION DATE: 12-31-24

FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____

NUMBER OF DOGS: _____ NUMBER OF CATS: _____

DOG OR CAT	BREED	COLOR	SPAYED OR NEUTERED	PET'S NAME	AGE	RABIES EXPIRATION DATE	RABIES TAG NUMBER	VETERINARY CLINIC

In applying for this license, I certify that the above statements are true and complete to the best of my knowledge. I also agree to hold the City of La Crescent harmless from any claims, liabilities or responsibility arising out of the keeping of said animal.

LICENSE FEES

SPAYED/NEUTERED: \$10.00 PER PET

NOT SPAYED/NETUERED: \$15.00 PER PET

MULTI-PET PERMIT FEE: (3 OR MORE OF ONE SPECIES): \$25.00 PER APPLICATION
*IN ADDITION TO LICENSE FEE PER PET

LATE FEE: \$15.00 PER APPLICATION (IF NOT RENEWED BY JANUARY 15, 2024)

Pet Owner Signature