



# LIFETIME PET APPLICATION

Office of Clerk/Treasurer • 410 Euclid Avenue • P.O. Box 9 • Milroy, MN 56263 • (507) 336-2495

Animal Owner Name: \_\_\_\_\_

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

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

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

Cost: **50.00 Per Animal**

Vaccination: **Please attach a certificate of vaccination for rabies and distemper**

**DOG BREED:** \_\_\_\_\_

☐ MALE

☐ FEMALE

**CAT BREED:** \_\_\_\_\_

☐ MALE

☐ FEMALE

**PETS NAME:** \_\_\_\_\_

## OFFICE USE ONLY

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

Tag(s) Issued: \_\_\_\_\_

Payment:

☐ CASH

☐ CHECK

☐ EFT