



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