



City of Marine on St. Croix
APPLICATION FOR DOG LICENSE

Name of Owner: _____

Address: _____ Phone: _____

Name of Dog: _____

Note: Dogs under 6 months of age are not required to be licensed.

Male ___ Female ___ Color: _____ Breed: _____

Date of last rabies vaccination: _____ (enclose a copy of certificate from veterinarian)

Name of Vet Clinic: _____

Please send completed application and \$2 to City of Marine on St. Croix, PO Box 250, Marine on St. Croix, MN 55047 or submit your application via the drop box on the front of the village hall.