

## **Dog License Application** (Annual tags expire December 31st)

	Owner's Nar	ne:						
	Address:							
	Phone #:							
				Age:				
				Female Spayed				
	Breed:				Predominate Color			
Date of Rabies Vaccination:						_1Year□	3Years ☐	
Checks payable to "City of Shakopee"  Drop off or mail to; Shakopee City Hall, 485 Gorman St., Shakopee, MN 55379  Forms can be emailed to: tvaliant@shakopeemn.gov  AT THIS TIME DOG LICENSES CANNOT BE PURCHASED ONLINE								
OFFICE USE ONLY								
Tag No.		Tag	Issued By:			Date:		
Credit Card #	·	E FEE CHARGED FO		Expiration	Date/			
		Cook					Diazzzzz	
Amount Paid	Φ	Cash	Cneck #	visa	iviasterCa	ırd	Discover_	