

Dog License Application

Wayzata Police Department Records Unit

600 Rice St E, Wayzata, MN 55391

Phone: 952-404-5340 Email: wayzatatpd@wayzata.org Fax: 952-404-5359



All dogs over the age of six months must be licensed

Owners with more than two dogs must also obtain a Kennel Permit.

THIS APPLICATION MUST BE ACCOMPANIED BY CURRENT PROOF OF RABIES VACCINATION FOR EACH DOG. If you mail in your application, rabies records will be returned to you by mail along with your dog license(s).

DOG OWNER INFORMATION

Owner Full Name _____ Owner Date of Birth _____

Primary Telephone _____ Alternate Telephone _____

Address _____

Veterinarian or Clinic _____ Telephone _____

DOG INFORMATION

Dog #1

Dog Name _____ Breed _____

Color _____ Age _____ Male or Female (circle one)

Date of Rabies Vaccination _____ Vaccination Expiration Date _____

****Circle One:** One year license for \$25 or Two year license for \$40

Dog #2

Dog Name _____ Breed _____

Color _____ Age _____ Male or Female (circle one)

Date of Rabies Vaccination _____ Vaccination Expiration Date _____

****Circle One:** One year license for \$25 or Two year license for \$40

Vet Clinic (if different from stated above) _____

Signature of Owner _____ Date _____

*******FOR CITY USE ONLY*******

Dog #1 License # _____ Dog #2 License # _____

License Fee Due \$ _____ Tag issued by _____ Date _____

Date of Expiration: _____