Annual Domestic Animal License Application

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| Application Date: | Annual License Fee: $5.00  Money Order, Cash or Checks payable to:  CITY of GLENWOOD |
| Name of Owner(s): PLEASE INCLUDE A COPY OF A PHOTO ID. | |
| Address: | |
| Phone: | Email: |
| Name of Animal: | Type/Breed: |
| Physical Description (color, weight…): | |
| Gender: Male or Female | Intact or Spay/Neutered |
| Date of Rabies Vaccination (Must be within 2 years): | |
| Signature: | |

Once completed, please bring or mail form to City Hall located at

100 17th Ave NW PO BOX 254 Glenwood, MN 56334

Please use a separate form for each animal.