DOG REGISTRATION

Each dog over six months of age must be licensed

THIS BOX TO BE COMPLETED BY CITY HALL

Date of Registration: _____ License Year: _____ License Number: _____

Vaccination Verified by: _____ License Fee Paid $ _____ Receipt No. _____

Mail or bring to the front desk at city hall:

- □ This form – completed and signed
- □ Proof of rabies vaccination
- □ Appropriate fee
  - **1 Year** – Expiration date of dog license **12/31/2021** $18.00
  - **2 Year –** Expiration date of dog license **12/31/2022** $30.00

Registration Information

Owner Information – *All fields must be completed.*

Owner's Name:_____
First Name Middle Name Last Name

_____
Street Address City, State, Zip

_____
Owners Date of Birth Home phone Work phone

Dog Information

Dog's Name:_____ Age:_____ Sex:_____

_____
Breed Color/Markings Microchipped Y/N

Vaccination Information

Clinic Name: _____

_____
Clinic Phone Number (for verification purposes) Revaccination due date

I certify that the above information is true and correct.

_____
Signature and certification by owner **(REQUIRED)**

City of Chaska
One City Hall Plaza
Chaska, MN 55318
952.448.9200