$5.00 Fee per Pet per Year

Amount Pd: $_____

City of Oronoco

Pet License

All Pet Tags Expires _____

Name_____

Address_____

Phone Number_____ _____

A) Name of Animal_____ ☐ Male ☐ Female

Dog / Cat / Other:_____ Breed & Markings_____

Received a copy of Current Vaccination form: ☐ yes ☐ No Sterile? ☐ Yes ☐ No

Rabies Expires: _____ Distemper expires: _____ *License Tag No.*_____

B) Name of Animal_____ ☐ Male ☐ Female

Dog / Cat / Other:_____ Breed & Markings_____

Received a copy of Current Vaccination form: ☐ yes ☐ No Sterile? ☐ Yes ☐ No

Rabies Expires: _____ Distemper expires: _____ *License Tag No.*_____

C) Name of Animal_____ ☐ Male ☐ Female

Dog / Cat / Other:_____ Breed & Markings_____

Received a copy of Current Vaccination form: ☐ yes ☐ No Sterile? ☐ Yes ☐ No

Rabies Expires: _____ Distemper expires: _____ *License Tag No.*_____

I hereby acknowledge receipt of amount indicated above, being the amount due for pet license for one-three pets as described above. You are authorized to keep said pet (s) without further payment until Pet Tax for next fiscal year becomes due. I hereby acknowledge that no more than 3 pets are allowed per household and all are licensed by the City of Oronoco.

By_____ Date_____

~ PO. Box 195 ~ Oronoco, MN 55960 ~ 507-367-4405 ~ Fax 507-367-4982 ~
Email: oronococityhall@gmail.com