

\*License Number Issued

**Type of License**  
 New (fee is \$10.00)  
 Replacement (fee is \$2.00)  
[Original License No. \_\_\_\_\_]

**DOG LICENSE APPLICATION**  
**City of Big Lake**  
160 Lake Street North, Big Lake, MN 55309

BREED:	DOG NAME:	WEIGHT:	COLOR/MARKINGS:	AGE: <small>(at least 6 mo. old)</small>	SEX: M / F
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VETERINARY CLINIC:	RABIES VACCINATION NO.	<input type="checkbox"/> MICROCHIP <small>(if applicable)</small> Please provide numbers/company
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**Owner Information:**

I certify the information provided on this form is true and correct.  Date: ____/____/____.  _____ Signature of Applicant	Owner Name(s):  Address:  Daytime Phone:  Evening Phone:
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**Office Use:**

Issued By:	Date Issued:	Application Submitted: in person / on-line
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\*This dog license is valid for the LIFETIME of the animal and is subject to all conditions and provisions of the Big Lake Municipal Code.

**Print form and submit by fax to 763-263-0133 or by email to jrathmanner@biglakemn.org or tlindahl@biglakemn.org  
Walk-ins welcome at Big Lake City Hall, 160 Lake St N, Big Lake, MN 55309**

If you have not completed payment for your dog license, please close this form to return to the City HOME page and select misc payment.