



TOWN OF WADENA Pet License Application

Pet Owner's Name: _____ Email: _____

Mailing Address: _____ Civic Address: _____

All Contact Numbers: _____

	Name	Male Or Female	Breed	Age (as of today's date)	Description	Spayed Or Neutered	Micro-Chipped	Rabies Vaccine	License #	Fee \$
DOG or CAT						√	√	√		
DOG or CAT										
DOG or CAT										
DOG or CAT										

Breakdown of Fees:

Micro-chipped	Spayed or Neutered	Annual License Fee
x	x	\$63.00
√	x	\$36.75
x	√	\$15.75
√	√	\$10.50
Pets under 12 months		\$21.00

_____ Date
_____ Pet Owner's Signature

Annual Renewal:

Date	Fee	Receipt #	Valid Until	Pet Owner's Signature	Town of Wadena Staff Initials
			December 31, _____	<i>See previous page</i>	
			December 31, _____		
			December 31, _____		
			December 31, _____		
			December 31, _____		
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