



CITY OF SHOREWOOD

5755 Country Club Road • Shorewood, Minnesota 55331 • (952) 960-7900

KENNEL LICENSE APPLICATION

Office Use:

License Year: _____ Application Fee*: _____ Receipt # _____ Permit Number: _____

Date: _____

Owner/Applicant's Name _____

Address _____
Street City State Zip

Day Phone _____ Evening Phone _____

Veterinarian/Clinic: _____ Phone _____

- A. Total Number of Dogs in Household: _____ % of Time Spent Outdoors: _____
B. Method used to confine dogs to property: _____
C. Description of real estate property upon which the dogs will be kept must be attached.
D. Rabies certification for each dog must be attached.

(No more than four (4) dogs over the age of nine (9) months are allowed with each kennel license.)

- 1. Dogs Name _____ Breed _____
Age _____ Sex _____ Rabies Tag # _____ Date of Rabies Shot _____ Date Due _____
2. Dogs Name _____ Breed _____
Age _____ Sex _____ Rabies Tag # _____ Date of Rabies Shot _____ Date Due _____
3. Dogs Name _____ Breed _____
Age _____ Sex _____ Rabies Tag # _____ Date of Rabies Shot _____ Date Due _____
4. Dogs Name _____ Breed _____
Age _____ Sex _____ Rabies Tag # _____ Date of Rabies Shot _____ Date Due _____

*Fees: New Kennel License, \$25; Renewal Kennel License, \$10; Individual Dog License \$10; After January 1 \$15; Lost Tag \$1

THE LICENSE TAG SHALL BE SECURELY ATTACHED AROUND THE DOG'S NECK AT ALL TIMES.

I hereby consent to inspection of the premises as provided by City Code Section 701.04. ORONO ANIMAL CONTROL WILL CONTACT OWNER TO SCHEDULE AN APPOINTMENT.

Signature of Applicant _____ Date _____

Unless revoked sooner, this kennel license shall expire on December 31 of the year in which it was issued.

Office Use Only

The above premises has been inspected and found to be in compliance with Section 701 of the municipal code.

Animal Control Officer

Date Approved

Shorewood City Clerk

Date Approved

City Tag No. 1. _____ 2. _____ 3. _____ 4. _____