



**CITY OF INVER GROVE HEIGHTS
DOG LICENSE APPLICATION
2017-2019**

Name of Dog: _____ Breed: _____
Sex: M or F Altered: Y or N Color/Markings: _____
Dog Tag #: _____ Rabies Vaccination Expires: ____/____/____
Microchip #: _____ (if applicable)

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

Street Address: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Primary Veterinarian: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

Waiver: All requested information must be provided. By applying for a City of Inver Grove Heights Dog License the dog owner is certifying that the information provided is true and correct, and authorizes release of information by the dog's veterinarian to verify the vaccination status. Incomplete or inaccurate information will render the license null and void.

License Fees: Altered = \$12/dog Unaltered = \$20/dog

Please mail your completed application, proof of rabies vaccination, and payment to:

**City of Inver Grove Heights
Attn: Dog Licensing
8150 Barbara Ave.
Inver Grove Heights, MN 55077**