**City of Clearwater**
605 CR 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercitymn.gov

License # _____
Fee: $10.00

# DOG LICENSE

**Owner's Name:** _____

**Address:** _____

**Phone Number:** _____ **Email:** _____

**Dog Name:** _____ **Breed:** _____

**Color:** _____ **Weight:** _____ **Age:** _____

**Sex:** ☐ Male ☐ Female

**Proof of rabies vaccination attached:** ☐ Yes ☐ No

By signing this statement, the applicant shall agree that they follow the conditions outlined in City Code Chapter 10.

_____ _____
**Applicant's Signature** **Date**

**Please submit completed forms and payments to City Hall:**
Email to kgramsey@clearwatercitymn.gov or astrohschein@clearwatercitymn.gov
Mail to PO Box 9, Clearwater, MN 55320 or
In person at 605 CR 75 NW, Clearwater MN 55320 or drop box in rear parking lot

FOR CITY USE ONLY

Approved: Yes No

Registration Fee Amount: _____ Date Paid: _____

Paid by: ☐ Cash ☐ Check # _____ ☐ Credit/Debit Card