

**DOG REGISTRATION**  
**Each dog over six months of age must be licensed**

*THIS BOX TO BE COMPLETED BY CITY HALL*

Date of Registration: \_\_\_\_\_ License Year: \_\_\_\_\_ License Number: \_\_\_\_\_

Vaccination Verified by: \_\_\_\_\_ License Fee Paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

**Mail or bring to the front desk at city hall:**

- This form – completed and signed
- Proof of rabies vaccination covering the licensing period
- Appropriate fee

**1 Year** – Expiration date of dog license **12/31/2012** \$18.00  
If dog license Purchased after **June 30, 2012** \$ 9.00  
**2 Year** – Expiration date of dog license **12/31/2013** \$30.00  
If dog license purchased after **June 30, 2012** \$27.00

**Registration Information**

**Owner Information** – *All fields must be completed.*

Owner's Name: \_\_\_\_\_  
Last Name First Name Middle Name

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Owners Date of Birth \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Dog Information**

Dog's Name: \_\_\_\_\_ Years of Age: \_\_\_\_\_

Sex \_\_\_\_\_ Breed \_\_\_\_\_ Markings \_\_\_\_\_

Additional Description \_\_\_\_\_ Previous license information \_\_\_\_\_

**Vaccination Information**

Clinic Name: \_\_\_\_\_

Clinic Phone Number (for verification purposes) \_\_\_\_\_ Revaccination due date \_\_\_\_\_

***I certify that the above information is true and correct.***

\_\_\_\_\_  
**Signature and certification by owner ( REQUIRED)**



**City of Chaska**  
**One City Hall Plaza**  
**Chaska, MN 55318**  
**952.448.2851**