



316 4th Ave, PO Box 76
Wilmont MN, 56185

Dog Tag # _____
Fee Paid _____

Homeowner Name: _____

Address: _____

Number of Dogs at residence: _____

Breed of Dog(s): _____

By signing, I acknowledge that I can request a copy of the animal ordinance for review & that my dog is current on all vaccinations.

Signature: _____

Date: _____