



CITY OF HOYT LAKES ANIMAL LICENSE APPLICATION

OWNER NAME: _____

ADDRESS: _____

PHONE: _____

PET NAME: _____

PET AGE: _____ PET WEIGHT: _____

_____ MALE _____ FEMALE

_____ DOG _____ CAT

ANIMAL BREED: _____

ANIMAL COLOR: _____

\$25 PER ANIMAL LICENSE

**PLEASE RETURN THIS COMPLETED APPLICATION, RABIES VACCINATION
FORM AND PAYMENT TO:**

CITY OF HOYT LAKES
206 KENNEDY MEMORIAL DRIVE
HOYT LAKES, MN 55750