



DOG LICENSE

CITY of WILLMAR, MINNESOTA

License No. _____ 20____

\$ _____

License Granted To: _____

Address: _____

Telephone Number: _____

Name _____ Age: _____ Sex: M F FSP

Color: _____ Breed: _____

Rabies Vaccination: _____

This License is granted subject to the Ordinance of the City of Willmar governing dogs within the City of Willmar.

Dated at Willmar, Minnesota _____

_____, 20 _____ By: _____