



City Clerk's Office

# City of South St. Paul Animal License Application

LICENSE EXPIRES  
12/31/2018

Owner's Name:	Address:
Phone Number:	Alternate Phone Number:
Email Address:	Number of dogs owned at this address: _____ *
	Number of cats owned at this address: _____

\* If more than 2 dogs, you are required to complete the lot dimensions: \_\_\_\_\_ Length x \_\_\_\_\_ Width = \_\_\_\_\_ Square Feet

\* City Code, Article I, Animals, Sec. 15-7, Number of Dogs Limited. "There can be no more than one dog, six months of age or older, for each 2,500 square feet of lot area comprising the premises for the dog." Article I Animals, Sec. 15-8, Number of Cats Limited. "There can be no more than four cats, six months of age or older on any residential premises within the city."

Dog _____ Cat _____ Animal's Name: _____	Animal's Age: _____ yrs/mos; or Date of Birth: _____
Breed: _____ Secondary Breed: _____	Color: _____ Secondary Color: _____
Male _____ Female _____ Service Dog? _____ (Documentation must be provided)	Microchip No.: _____ Type: _____
Spayed/Neutered _____ <b>\$10.00</b>	Not Spayed/Not Neutered _____ <b>\$18.00</b>

*"By signing this application, I understand that I must keep a Certificate of Vaccination for my dog or cat valid for the license term. All dogs and cats kept, harbored, or maintained within the city shall be vaccinated by a licensed veterinarian for rabies, with a live modified vaccine and distemper. I further understand that, upon demand of the City Clerk, Animal Control Officer, or Police Officer, I shall present the required Certificate of Vaccination for my dog or cat. If not presented, I shall have seven days in which to present the Certificate to the City Clerk, Animal Control Officer or Police Officer."*

Signature of Applicant: _____	Date: _____
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**WHEN RETURNING APPLICATION BY MAIL  
YOU MUST SUBMIT A COPY OF CURRENT RABIES VACCINATION**

Please remit to: City of South St. Paul, Licensing Division  
125 3rd Ave N  
South St. Paul, MN 55075 Phone: (651) 554-3229

*For office use only:*

SSP License Tag No.: _____	Rabies Tag No.: _____
Issued Date: _____	Rabies Vaccination Date**: _____
	Rabies Expiration Date: _____
** If animal is exempt due to allergy or other reasons, owner must provide documentation from veterinarian.	Veterinarian/Clinic: Phone Number: _____