City of Maplewood | ***Citizen Services Department***

APPLICATION FOR DOG PERMIT

TWO YEAR PERMIT: January 1, 2017 – December 31, 2018

Maplewood ordinance requires owners to obtain a permit for of all dogs over three months of age. If you have not already obtained a permit for your dog and it is not convenient for you to come to city hall, you may obtain the permit by mail. Complete the form below and mail this form, along with the appropriate payment **and the original signed certificate of rabies vaccination from your veterinarian to:**

Dog License
City of Maplewood
1830 County Road B East
Maplewood, MN 55109

This form may be copied if you need to obtain a permit for more than one dog. The Certificate of Vaccination will be returned to you with the permit and your receipt of payment. **REMINDER:** *No more than two dogs over three months of age shall be kept in a residential district zoned R1-single dwelling and R2-double dwelling. No more than one dog of any age shall be kept in a residential district zoned R3-multiple dwelling. Residential district zoned R1-single dwelling may apply for a small kennel license for three dogs; call 651-249-2001 for requirements and further information.*

FEES:

☐ $21.00 – Female/Male
☐ $18.00 – Spayed or Neutered

☐ $19.00 – Senior's Discount
☐ $16.00 – Senior's Discount
(Seniors – 62 years or older – are required to show/mail proof of senior status, such as driver's license, Minnesota ID Card, etc.)

****ADD $5 PENALTY FOR PERMITS PURCHASED AFTER DECEMBER 31, 2016**
****NEW PETS ARE EXEMPT FROM PENALTY****

I/We, _____

residing at _____ , Maplewood, MN ZIP _____

Home Phone _____ Work Phone_____Cell Phone_____

hereby apply for a permit to keep the below-described dog and do agree to comply with the rules and regulations duly adopted by the lawful governing body of the City of Maplewood and the provisions of Municipal Code , Chapter 10, Animals, and subsequent amendments and any other applicable state and local laws. The information contained in this application shall be deemed public unless private by State statute.

Pet's Name _____ Age of Pet _____

Sex ☐ Male ☐Female Sterilization ☐Yes ☐ No Microchip ☐Yes ☐ No

Breed _____ Color _____

Veterinary Clinic _____ Clinic Phone_____

Vaccination Tag #_____Vaccination Date_____Next Vaccination Date_____

Signature of Owner: _____ Date _____