



City of Bayport
 294 North Third Street
 Bayport, Minnesota 55003
 Phone 651-275-4404
 Fax 651-275-4411
 www.ci.bayport.mn.us

City of Bayport PET LICENSE APPLICATION

Licensing Requirements

All dogs and cats over 4 months of age must be licensed. Proof of a valid rabies vaccination must be presented at time of licensing. No person, except a kennel licensee, shall own, harbor or keep more than three (3) of any type of licensed domestic animals over four (4) months of age on any property. Service animals are exempt from this provision. Renewals are due by February 1 of each year. A late fee will apply to applications received after that date.

Owner Information	
Owner Name: _____	
Home Phone Number: _____	Work/Cell Phone Number: _____
Email: _____	
Address: _____	
City/State/Zip: _____	
Pet Information	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
Name: _____	
Breed: _____	Color: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Spayed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Rabies Vaccination Expiration Date: _____	
Veterinarian: _____	Phone Number: _____
Pet Information	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
Name: _____	
Breed: _____	Color: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Spayed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Rabies Vaccination Expiration Date: _____	
Veterinarian: _____	Phone Number: _____
Pet Information	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
Name: _____	
Breed: _____	Color: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Spayed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Rabies Vaccination Expiration Date: _____	
Veterinarian: _____	Phone Number: _____

Fees: Spayed/Neutered = \$10.00 per year / Unaltered = \$20.00 per year
Late Fee = 50% of license fee

OFFICE USE:

Date issued: _____ Tag number(s): _____ Late fee amount, if applicable: _____

Amount paid: _____ Payment method: Cash Check number: _____ Staff initials: _____

Owner notified of excess pets, if applicable: Yes No Compliance date: _____