



**City of Newport, Minnesota**  
**ANNUAL DOG LICENSE APPLICATION**

**Applicant Information**

Name of Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

**Dog Information**

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Address Where Dog Will be Kept: \_\_\_\_\_

Rabies Vaccination: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

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**For Office Use**

Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ ID Number: \_\_\_\_\_