



City Clerk's Office

City of South St. Paul Animal License Application

**LIFETIME
ANIMAL LICENSE**

\$25.00

Owner's Name:	Address:	Unit No.
Phone Number:	Alternate Phone Number:	
Email Address:	Number of dogs owned at this address: _____ * If more than 2 dogs or mini pigs, you must complete the box below Number of cats owned at this address: _____	

* If more than 2 dogs or mini pigs, you are required to complete the lot dimensions: ___ Length x ___ Width = ___ Sq Ft
Property information is also available on the Dakota County website at: <http://gis.co.dakota.mn.us/DCGIS/>

* City Code, Article I, Animals, Sec. 15-7, Number of Dogs and Miniature Pigs Limited. "There can be no more than one dog or one miniature pig, six months of age or older, for each 2,500 square feet of lot area. 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."

Complete one application per animal:

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 _____	Not Spayed/Not Neutered _____

"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— Completed By: _____ (staff initials)

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: _____