



CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116
For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service www.freeportmn.org

Pet Registration Form (\$5.00)

Each pet must have a separate form

FIRST NAME	LAST NAME		
STREET ADDRESS	MAILING ADDRESS		
HOME PHONE	CELL PHONE		
WORK PHONE	EMAIL ADDRESS		
PET NAME	DOG	CAT	MALE FEMALE
PET BREED & COLOR	OTHER INFORMATION		

VACCINATION

I do hereby state that my pet has been vaccinated and will routinely as needed be vaccinated while the pet resides in the City of Freeport. I recognize that a false statement or any lapse in vaccination may be punishable by a misdemeanor, fines, or other legal actions. I also allow the City of Freeport to examine vaccination records at any time upon request.

ID TAGS

I further state that my pet will wear an identification tag which will include the following information:

- Pet's name
- Owner's name
- Owner's phone number
- Owner's property address

ANIMAL ORDINANCE

I have obtained and read a copy of the City of Freeport ordinance regarding animals and understand my obligations for having a pet in the City. I will obey the ordinance and recognize that any and all rules are subject to periodic change with no grandfathering of past practices or policies.

Owner Signature	Date
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LICENSE DECLARATION

This animal is hereby licensed in the City of Freeport, as sworn by the City Clerk.

City Clerk Signature	Date	City Seal
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