

Please provide copy of rabies tag proof of vaccination and check for \$20.

OFFICE USE ONLY	
TAG NO.	
RECEIPT NO.	
DATE	

CITY OF TONKA BAY
2016 DOG LICENSE
 4901 MANITOU ROAD
 TONKA BAY MN 55331
 952-474-7994
www.cityoftonkabay.net

OWNER'S NAME				PHONE	
ADDRESS				E-MAIL	
DOG'S NAME		AGE		COLOR	
SEX	M	F	WEIGHT	BREED	
RABIES VACCINE BY					
DATE OF VACCINE		RABIES TAG NO.		TAG EXP. DATE	

\$20 fee