



217 Hillcrest Avenue  
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OWNER INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PET INFORMATION

DOG       CAT

NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

MALE       FEMALE

SPAYED       NEUTERED

SIZE:       SMALL       MEDIUM       LARGE

COLOR: \_\_\_\_\_

UNIQUE MARKINGS: \_\_\_\_\_

VACCINATION INFORMATION

CLINIC OF VACCINATION: \_\_\_\_\_

PROOF OF VACCINATION:       YES       NO

COPY OF VACCINATION RECORD MUST BE PRESENTED WHEN PICKING UP TAG.

LICENSE TAG INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

EXPIRATION YEAR: \_\_\_\_\_

PERMITS EXPIRE ON DECEMBER 31 OF THE YEAR IN WHICH THEY WERE ISSUED.

Office Use:  
Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_