



Return form and rabies vaccination certificate to:

City of St Charles
830 Whitewater Ave
St. Charles MN 55972

Or via email to petlicensing@stcharlesmn.org

Office Use Only: 2024

Receipt #: _____

Total Paid \$ _____

Rabies Cert Rcvd _____

Pet License Application

Pay online at www.stcharlesmn.org

Pet Owner Information:						
Owner's Name:						
Phone Number:		Email:				
Address:						
City:	St. Charles	State:	MN	Zip:	55972	
Pet 1 Information:	Dog	Cat	\$20 (unaltered)	\$10 (neutered/spayed)		
Pet's Name:		Breed:				2024 City Tag #
Color of Pet:		Gender of Pet:		Date of Birth		
Veterinary Clinic						Deceased Y / N
Rabies Tag #:		Microchip # (optional):				If Yes what Year
Rabies Vaccine Dates:						
Pet 2 Information:	Dog	Cat	\$20 (unaltered)	\$10 (neutered/spayed)		
Pet's Name:		Breed:				2024 City Tag #
Color of Pet:		Gender of Pet:		Date of Birth		
Veterinary Clinic						Deceased Y / N
Rabies Tag #:		Microchip # (optional):				If Yes what Year
Rabies Vaccine Dates:						

A Pet Owner with more than three (3) dogs, cats or any combination thereof is required to obtain a Multiple Pet Permit from St. Charles City Hall in addition to this Pet License. (Form can be found on our website or by contacting City Hall)

Pet 3 Information:						
Pet 3 Information:	Dog	Cat	\$20 (unaltered)	\$10 (neutered/spayed)		
Pet's Name:		Breed:				2024 City Tag #
Color of Pet:		Gender of Pet:		Date of Birth		
Veterinary Clinic						Deceased Y / N
Rabies Tag #:		Microchip # (optional):				If Yes what Year
Rabies Vaccine Dates:						

(Additional Pets can be added on page 2 of this form)

DATA PRACTICES RIGHTS ADVISORY:

- As an applicant for a Pet License from the City of St. Charles, you are being asked to provide information about yourself and your pet which will be used by City Staff and City Police Dept. The purpose of this request for information is to meet the standards set forth by City Code and allows City Staff and City Police to reasonably regulate dogs and cats and to provide public health, safety, and general welfare for the City of St. Charles.
- If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City appropriately evaluating the application and may delay issuing of the pet license.
- The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as "Private" or "Confidential", Subdivision 4 makes application data for licenses "Public". Your original application and data supplied, the information collected by the St. Charles Police Department regarding your application and the record of the action taken regarding your application by the City will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act. I have read and understand the Data Practices Rights Advisory and I solemnly swear the foregoing statements in this application are true and correct to the best of my knowledge.

Owner's Signature Required: _____ **Date:** _____

If you are mailing this form you must include a copy of the Rabies Vaccination from your Veterinary Clinic.

I permit the City of St. Charles MN to contact the Veterinary Clinic in order to obtain vaccination information for my pets. _____ (Initials)

Pet License Application Page 2

**If you are mailing this form
Please include a copy of the Rabies Vaccination from your Veterinary Clinic.**

Pet 4 Information:	Dog	Cat	\$20 (unaltered)	\$10 (neutered/spayed)
Pet's Name:		Breed:		2024 City Tag #
Color of Pet:		Gender of Pet:		Date of Birth
Veterinary Clinic Name:				Deceased Y / N
Rabies Tag #:		Microchip # (optional):		If Yes what Year
Rabies Vaccine Dates:				
Pet 5 Information:	Dog	Cat	\$20 (unaltered)	\$10 (neutered/spayed)
Pet's Name:		Breed:		2024 City Tag #
Color of Pet:		Gender of Pet:		Date of Birth
Veterinary Clinic Name:				Deceased Y / N
Rabies Tag #:		Microchip # (optional):		If Yes what Year
Rabies Vaccine Dates:				
Pet 6 Information:	Dog	Cat	\$20 (unaltered)	\$10 (neutered/spayed)
Pet's Name:		Breed:		2024 City Tag #
Color of Pet:		Gender of Pet:		Date of Birth
Veterinary Clinic Name:				Deceased Y / N
Rabies Tag #:		Microchip # (optional):		If Yes what Year
Rabies Vaccine Dates:				
Pet 7 Information:	Dog	Cat	\$20 (unaltered)	\$10 (neutered/spayed)
Pet's Name:		Breed:		2024 City Tag #
Color of Pet:		Gender of Pet:		Date of Birth
Veterinary Clinic Name:				Deceased Y / N
Rabies Tag #:		Microchip # (optional):		If Yes what Year
Rabies Vaccine Dates:				

ONLINE PAYMENTS ACCEPTED VIA
WWW.STCHARLESMN.ORG