



# City of Wood Lake

## Pet License

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ANNUAL LICENSING FEE: \$5.00/animal

\_\_\_\_\_  
Owner Name (Last, First)

\_\_\_\_\_  
Tag #

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Owner Phone # and Email

**LICENSING YEAR: 05.31.2025-05.31.2026**

\_\_\_\_\_  
Date license application completed

\_\_\_\_\_  
Breed of dog

\_\_\_\_\_  
Pet Name

\_\_\_\_\_  
Gender (M or F)

\_\_\_\_\_  
Sterilized (Y or N)

Please Remit Payments & Return Application to:

City of Wood Lake

P.O. Box 115

Wood Lake, MN 56297

or completed application can be emailed to: [woodlake@redred.com](mailto:woodlake@redred.com)

**OFFICE USE ONLY:**

Date Application Received \_\_\_\_\_

Date Payment Received \_\_\_\_\_

Clerk's Initials \_\_\_\_\_