Submit by Email

City of St. Joseph, PO Box 668, St. Joseph MN 56374

Dog License Application

☐ New License ☐ Renewal Expiring LIcense No. _____

Dog Name _____ ☐ Male ☐ Female

Breed _____ Color _____

Dog Age _____ Spayed /Neutered ☐ Yes ☐ No

Owner First Name _____ Owner Last Name _____

Owner Address _____ City, State, Zip _____

Rabies Certification

Date of Rabbies Vaccination _____ Expires _____ Shot # _____

Veterinarian Name _____

Address _____

City, State, Zip _____

A copy of the certificate of rabies must accompany this form.

Signature Field _____ Date _____