



8150 Barbara Avenue
Inver Grove Heights, MN 55077
www.ighmn.gov

Kennel License Renewal Application

License Period: March 1, 2021 - February 28, 2023

Applications can be dropped off or sent to City Hall at 8150 Barbara Avenue, Inver Grove Heights, MN 55077

TYPE OF LICENSE SOUGHT	
<input type="checkbox"/> NON-COMMERCIAL	<input type="checkbox"/> COMMERCIAL
FEE: \$100	FEE: \$500

KENNEL INFORMATION			
KENNEL NAME:			
STREET ADDRESS:	CITY	STATE	ZIP CODE
KENNEL OWNER/OPERATOR:			
HOME ADDRESS:	CITY	STATE	ZIP CODE
PHONE NUMBER:			
TOTAL NUMBER OF DOGS TO BE KEPT:			

ON THE NEXT PAGE, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH DOG TO BE KEPT:

- **NAME**
- **BREED**
- **SEX**
- **COLOR**
- **MARKING(S)**
- **PROOF OF RABIES VACCINATION FOR EACH DOG**

***PLEASE ATTACH TO THIS FORM PROOF OF VACCINATION FROM YOUR VETERINARIAN**

PROVIDE THE REQUIRED INFORMATION FOR EACH DOG TO BE KEPT ON THE PREMISE.

*** PLEASE ATTACH TO THIS FORM PROOF OF VACCINATION FROM YOUR VETERINARIAN**

1.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
2.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
3.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
4.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
5.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
6.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>

Please read and initial the following statements:

	I have received a copy of Inver Grove Heights City Code Title 5, Chapter 4, Animal Control.
	I have reviewed Title 5, Chapter 4 of the Inver Grove Heights City Code and agree to abide by the provisions of Title 5, Chapter 4, Animal Control.
	I certify that I am not restricted from owning a dog pursuant to Minnesota Statutes Section 347.52.

I declare that the information I have provided on this application is truthful, and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Inver Grove Heights to investigate and make whatever inquiries are necessary to verify the information provided.

Signed:

Date: