CAT LICENSE

CITY of WILLMAR, MINNESOTA

License No. ______ 20____
$ ____________

License Granted To: __________________________

Address: ____________________________________

Telephone Number: ___________________________

Name_________________________ Age: ______ Sex: M F Fsp

Color: __________________________ Breed: ______

Rabies Vaccination: __________________________

This License is granted subject to the Ordinance of the City of Willmar governing cats within the City of Willmar.

Dated at Willmar, Minnesota 20__________ By: ________________