



City of Waverly
502 Atlantic Avenue
P.O. Box 189
Waverly, MN 55390-0189

Email: office@waverlymn.gov

Telephone: (763) 658-4217

City of Waverly Animal License Registration Form

Date: _____

Tag # _____

Owner's Name: _____

Owner's Address: _____

Mailing Address: _____

Phone Number: _____

Animal's Name(s): _____

Color: _____

Breed: _____

Dog ___ Cat ___

Male ___ Female ___

Neutered: Yes ___ or No ___

License Expires 12/31/_____

All licenses expire on 12/31 2 years after the license registration year.

Rabies Expiration Date: _____

Rabies Tag Number: _____

Vet Clinic: _____

All Animal License Registration Forms must be brought to Waverly City Hall to receive a dog tag and payment.
Payment is \$10 per animal.

Amount Due: _____

Paid By: Check ___ Cash ___ Card ___