

**CITY OF ROBBINSDALE  
DOG/CAT LICENSE FORM**

Check as applicable:

Dog \_\_\_\_\_ Cat \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_

Female \_\_\_\_\_ Spayed \_\_\_\_\_

\$15 Neutered/Spayed \_\_\_\_\_

\$20 Non-Neutered/Spayed \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Robbinsdale, MN 55422

Phone Number: \_\_\_\_\_

Pets Name: \_\_\_\_\_

Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Rabies Tag No. \_\_\_\_\_

\*Vaccine Date: \_\_\_\_\_

\_\_\_ 1 year \_\_\_ 2 year \_\_\_ 3 year

\*Copy of vaccination receipt from Veterinarian is required to be attached to form.

Drop off or mail to:

Pet License  
City of Robbinsdale  
4100 Lakeview Ave N  
Robbinsdale, MN 55422