

CITY OF ROBBINSDALE DOG/CAT LICENSE APPLICATION

Please check all that apply:

Dog ___ Cat ___

Male ___ Female ___

Neutered/Spayed (\$15) ___

Non-Neutered/Spayed (\$20) ___

Owner Name(s): _____

Address: _____

Robbinsdale, MN 55422

Phone Number: _____

Pet Name: _____

Color: _____

Breed: _____

Rabies Tag Number (assigned by Vet): _____

Vaccination Date: _____

Vaccination Duration: ___ 1 year ___ 2 year ___ 3 year

A COPY OF THE RABIES VACCINATION CERTIFICATE FROM THE VETERINARIAN IS REQUIRED TO BE ATTACHED TO THIS APPLICATION



Please drop off or mail (with payment) to:

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



Office Use Only Below This Line

Dog/Cat Tag #: _____

Filed: _____

