

# 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(s): \_\_\_\_\_

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.*



*Please drop off or mail to:*

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



Office Use Only

Dog/Cat Tag #: \_\_\_\_\_

Filed: \_\_\_\_\_

