

**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