

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: _____

