



City of Hopkins

1010 1st Street South, Hopkins, MN 55343

952.935.8474 | 952.935.1834 (fax) | www.hopkinsmn.com

Type: _____

Fee: _____

Tag #: _____

Date Issued: _____

Exp. Date: _____

Animal License

Proof of rabies vaccination must accompany this form.

Applicant Information

Last Name _____ First Name _____

Address _____ ZIP _____

Phone _____ Alternate Phone _____

Email _____

Pet Information

Pet's Name _____ Color _____ Male Female

Breed _____ Neutered/Spayed? Yes No

Rabies Tag Number _____ Expiration Date _____ Clinic _____

I understand that some of the information provided on this form will be public data. Public data is available to anyone who makes a request for such information.

X Signature _____ **Date** _____