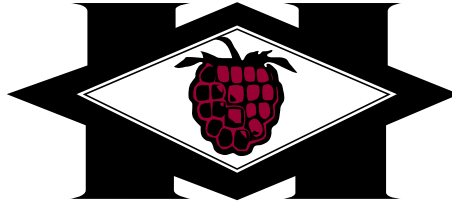




Animal License



City of Hopkins

1010 1st Street South • Hopkins, MN 55343 • 952.935.8474 (p) • 952.935.1834 (f)
www.hopkinsmn.com

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

PET'S NAME: _____ RABIES TAG NUMBER: _____

COLOR: _____ CLINIC: _____

BREED: _____ RABIES TAG EXPIRATION DATE: _____

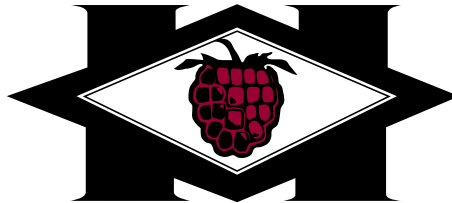
SEX: Male Female NEUTERED/SPAYED: YES NO **(Proof of rabies vaccination must accompany this form.)**

OFFICE USE ONLY

TYPE OF LICENSE: _____ (1 - 1 year; 2 - 2 year; 3 - 3 year, 4 - 1 year NN) FEE: _____

Tag Number: _____ Date Issued: _____ Expiration Date: _____

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