



Office Use Only:
2011-2012
City Tag: _____
Date: _____
Receipt #: _____

Pet License Application

City of Coon Rapids
11155 Robinson Drive
Coon Rapids, MN 55433
Phone: 763-755-2880 Fax: 763-767-6491

Owner Name: _____

Address: _____

Telephone: _____

Signature: _____

Date: _____

Dog (\$10) Cat (no charge)

Pet Name: _____

Breed: _____

Male: Female:

Age: _____ **Color:** _____

Rabies Information (If mailing please include a copy from your vet)

Veterinary Name: _____

Tag #: _____ **Microchip #:** _____ (optional)

Effective Dates: _____ to _____

Whereas, the above named person has paid the appropriate fee to the City Treasurer as required by City Code Section 6-100 and has complied with the requirements of said Code necessary for obtaining this license.

Now, therefore, by order of the Coon Rapids Council and by virtue thereof, the above named person is hereby licensed and authorized to keep the above described pet. This license expires on DECEMBER 31, 2012 and is subject to all the conditions and provisions of said code.

Kris Linquist CMC, Deputy City Clerk