Domestic Animal License Application

Date:_____ ☐ New License ☐ Renewal | Office Use Only License #

License Type:

☐ Two year	$35	☐ Lifetime license	$150
☐ Two year microchipped only	$25	☐ Lifetime license microchipped only	$100
☐ Two year sterilized only	$10	☐ Lifetime license sterilized only	$30
☐ Two year sterilized and microchipped	$5	☐ Lifetime license sterilized and microchipped	$5

(*Lifetime licenses still require providing the City with a copy of biannual rabies vaccination*)

Owner's Name:_____
First *Middle Initial* *Last*

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If you are unavailable, list the phone number of someone we can contact: _____

Note: Impounded animals will be taken to Hillcrest Animal Hospital, 651-484-7211

Veterinary Clinic: _____ Phone: _____

Pet's Name:_____ ☐ Dog ☐ Cat ☐ Other

Breed: _____ Color: _____ Sex: ☐ M ☐ F

Rabies Tag # _____ Vaccination Date: _____

Please bring or mail a copy of rabies vaccination certificate, proof of sterilization and/or microchipping along with the top copy of this application to Roseville City Hall, 2660 Civic Center Drive, Roseville, MN 55113 (Attn: Animal License). Make checks payable to "City of Roseville"