



City of Hopkins

1010 1st Street South, Hopkins, MN 55343

952-935-8474 | 952-935-1834 (fax) | www.hopkinsmn.com

Exp. Date: _____

Tag #: _____

Fee: _____

Date Issued: _____

Entered: _____

Dog License

Proof of rabies vaccination must accompany this form.

Applicant Information

First Name _____ Last 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** _____