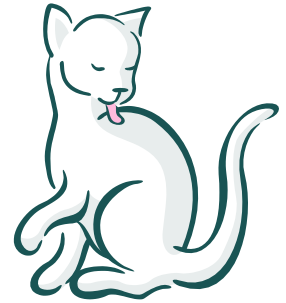


CITY OF ARDEN HILLS  
 1245 WEST HIGHWAY 96  
 ARDEN HILLS, MN 55112  
 PHONE: 651.792.7800 or FAX: 651.634.5137



**PET LICENSE APPLICATION &  
 PET CONTAINMENT SYSTEM**  
 (For Registration of Dogs &/or Cats)

**JANUARY 1, 2019 thru DECEMBER 31, 2020**

***THE CITY OF ARDEN HILLS BEGAN A TWO-YEAR LICENSING PROGRAM FOR ALL CITY DOGS AND CATS BACK IN JANUARY OF 2001, AND WILL CONTINUE THE PRACTICE OF LICENSING ON A TWO-YEAR BASIS.***

The 2019-2020 pet licenses are available at City Hall. Licenses are required for all dogs and cats more than three (3) months of age, being kept or owned in the City. The license fee is \$30.00 per pet and good for two (2) years. Residential dog kennel licenses (required for three dogs) are available for an additional \$21.00 per year and need to be renewed annually. A signed copy of the **Certification of Rabies Vaccination** from your veterinarian showing the date that the rabies shot will expire must accompany this application in order for your pet(s) to be registered. The Certification must show the name and the address of the veterinarian, complete with his or her signature. ***Please include the \$30.00 license fee, or \$15.00 for applications that are received after January 1, 2020. To simplify your renewal or new application process, please complete this form and return it to the address listed above, along with proof of current rabies vaccination and required fee. A tag will be mailed to you upon receipt of a correctly completed application.***

Type of License  
 being applied for: Dog \_\_\_\_\_ Cat \_\_\_\_\_

**(Complete a separate application for each animal, photocopying this form as needed. City Hall will mail you a Kennel License Application when you house three City licensed dogs. All Kennel Licenses are subject to an inspection by an Animal Control Officer and City approval.)**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H or C) \_\_\_\_\_ (W) \_\_\_\_\_

Breed of Dog/Cat: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Color and Markings: \_\_\_\_\_ Name of Dog/Cat: \_\_\_\_\_

Invisible Fence Owner: **Y** **N** **IF YES, INCLUDE A DRAWING OF THE FENCE LOCATION ON BACK**

Invisible Fence Marked: **Y** **N**

Signature of pet owner: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***For office use only:***

**Date received:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_