



**Return form and rabies  
vaccination certificate to:**

City of Coon Rapids  
Attn: Pet License Dept.  
11155 Robinson Drive

**Office Use Only:** 2021

Receipt #: \_\_\_\_\_

## Pet License Application

Pet Owner Information:					
Owner's Name:					
Telephone Number:					
Street:					
City:	Coon Rapids	State:	MN	Zip:	

Pet 1 Information: <input type="checkbox"/> Dog (\$10) <input type="checkbox"/> Cat (no charge)					
Pet's Name:		Breed:			
Color of Pet:		Sex of Pet:	<input type="checkbox"/> M <input type="checkbox"/> F	Age of Pet:	
Veterinary Clinic Name:					
Rabies Tag #:		Microchip # (optional):			
Effective Rabies Vaccine Dates:	_____ to _____				

City Tag #  
 \_\_\_\_\_

Pet 2 Information: <input type="checkbox"/> Dog (\$10) <input type="checkbox"/> Cat (no charge)					
Pet's Name:		Breed:			
Color of Pet:		Sex of Pet:	<input type="checkbox"/> M <input type="checkbox"/> F	Age of Pet:	
Veterinary Clinic Name:					
Rabies Tag #:		Microchip # (optional):			
Effective Rabies Vaccine Dates:	_____ to _____				

City Tag #  
 \_\_\_\_\_

**➔ A Pet Owner with three or more dogs, cats or any combination thereof is required to obtain a Multiple Pet Permit from the Coon Rapids Police Department in addition to this Pet License from the Clerk's Office (City Code Chapter 6-100).**

Pet 3 Information: <input type="checkbox"/> Dog (\$10) <input type="checkbox"/> Cat (no charge)					
Pet's Name:		Breed:			
Color of Pet:		Sex of Pet:	<input type="checkbox"/> M <input type="checkbox"/> F	Age of Pet:	
Veterinary Clinic Name:					
Rabies Tag #:		Microchip # (optional):			
Effective Rabies Vaccine Dates:	_____ to _____				

City Tag #  
 \_\_\_\_\_

**➔ If you are mailing this form you must include a copy of the Rabies Vaccination from your Veterinary Clinic.**

**DATA PRACTICES RIGHTS ADVISORY:**

- As an applicant for a Pet License from the City of Coon Rapids, you are being asked to provide information about yourself and your pet which will be used by City Staff and City Council. The purpose of this request for information is to meet the standards set forth by City Code and allows City Staff and City Council to reasonably regulate dogs and cats and to provide in public health, safety, and general welfare for the City of Coon Rapids.
  - If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City appropriately evaluating the application and may delay in issuing of the pet license.
  - The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as "Private" or "Confidential", Subdivision 4 makes application data for licenses "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act.
- I have read and understand the Data Practices Rights Advisory and I solemnly swear the foregoing statements in this application are true and correct to the best of my knowledge.  
I certify that 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. I also understand that this license will expire on December 31, 2021.

**➔ Owner's Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_