



City of Oak Park Heights
14168 Oak Park Blvd. N.
Oak Park Heights, MN 55082
651-439-4723
police@cityofoakparkheights.com

DOG/CAT LICENSE APPLICATION

Please submit by USPS or email to address above. **Include application and proof of rabies vaccination.**

Date of Application: _____ New License
Name of Owner: _____ License Renewal
Address: _____
City/State/Zip: _____
1st Contact Phone: _____ 2nd Contact Phone: _____
Email address: _____

1st DOG/CAT **Enclose rabies vaccination certification with each dog/cat**

Name: _____ Color(s) _____ Male
Breed(s): _____ Female
Age/Birthdate: _____ Neutered/Spayed

2nd DOG/CAT **Enclose rabies vaccination certification with each dog/cat**

Name: _____ Color(s) _____ Male
Breed(s): _____ Female
Age/Birthdate: _____ Neutered/Spayed