



City of Rolla
14 First Street SE
PO Box 1200
Rolla, ND 58367-1200
Phone: 701-477-3610
rolla.ap@utma.com

ROLLA CITY PET LICENSE APPLICATION

APPLICANT INFORMATION:

FULL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PET INFORMATION

PET NAME _____

SPECIES (Dog, Cat, Etc.) _____

BREED _____

COLOR/MARKINGS _____

AGE _____

WEIGHT _____

MICROCHIP NUMBER(If Applicable) _____

VACCINATION & HEALTH INFORMATION

RABIES VACCINATION DATE _____

VETERINARIAN NAME & CLINIC _____

SPAYED/NEUTERED? ☐ YES ☐ NO

OWNER'S SIGNATURE & AGREEMENT

I, the undersigned, certify that the information provided is true and correct. I understand that obtaining a pet license requires compliance with all local animal control laws and regulations.

Signature _____ Date _____

CITY APPROVAL

DATE	FEE	TAG #