The City of Lauderdale
Domestic Pet Registration

Reg. No. _____

Owner Name:_____ Phone # _____

Address:_____ Lauderdale, MN 551_____

Animal Information:

Type of Animal: _____Animal's Name: _____

Color of Animal: _____Sex: Male / Female

Vaccination Information
Rabies Certificate Number: _____Exp. Date: _____

Date: _____$10.00 Fee: _____Receipt#_____

Pet Registration Expiration (15 years):_____

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