



City of Hope

107 Steele Avenue • P.O. Box 189 • Hope, ND 58046

Phone: 701-945-2772
Fax: 701-945-2220

Pet Owner Information

Last Name _____

First Name _____

Street Address _____

City _____ State _____ Zip _____

Area Code/Telephone _____

Cell phone # _____

Animal Information

Pet Type : Dog Cat

Pet Name _____

Breed _____

Color _____

Sex: Male Female

Please Supply Veterinarian Rabies Certificate

\$5.00 License Fee (License Term January - December Of Each Year)

Other questions please contact Hope City Auditor.

Tag Number Issued: _____