

CITY OF PORTERVILLE

DOG LICENSE APPLICATION

| Dog's Name | Breed | Color | Sex | Age | <i>Please check the appropriate box</i> | | |
|---|---|--------------|-----|-----------------------------|---|-------------------------------|-------------------------------|
| | | | | | <input type="checkbox"/> <i>New License</i> <input type="checkbox"/> <i>Renewal</i> <input type="checkbox"/> <i>New Owner</i> <input type="checkbox"/> <i>Address Change</i> | | |
| Vaccinated? | Date & Expiration of Vaccination | Veterinarian | | | License Type | Altered** | Natural |
| <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> | <i>Date:</i> _____ <i>Exp:</i> _____ | | | | 1 Year License | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$25 |
| | | | | | 2 Year License | <input type="checkbox"/> \$18 | <input type="checkbox"/> \$45 |
| | | | | | 3 Year License | <input type="checkbox"/> \$26 | <input type="checkbox"/> \$70 |
| Name of Owner: | | | | Phone Number: () | | | |
| Home Address: | | | | | | | |
| | | | | | | <i>(City)</i> | <i>(State)</i> |
| Signature: | | | | | Date: | | |
| NOTE: **Altered means the dog has been spayed or neutered. If possible, please include a picture of your pet with the application. Please use a separate application for each pet. | | | | | STAFF USE ONLY <i>License#:</i> _____ <i>Amount Paid:</i> _____ | | |
| Please complete this form, attach Vaccination and Certificate, then mail to: CITY OF PORTERVILLE ANIMAL CONTROL Attn: Dog Licensing 350 N. "D" Street Porterville, Ca 93257 | | | | | | | |