



SAN LUIS OBISPO COUNTY DIVISION OF ANIMAL SERVICES



Application for Assistance Animal Identification Tag

Completed applications may be submitted by mail to **Animal Services, PO Box 4110, San Luis Obispo, CA 93406** or in person at the Animal Services office located at 885 Oklahoma Avenue in San Luis Obispo. Only original signatures will be accepted – no faxes or photocopies.

This is a (check one): application for a new tag renewal application application for an animal in training

Applicant Information

Name, Last	First	M.I.	DOB
Physical Address	City	State	Zip
Physical Address	City	State	Zip
Phone	Alt Phone	Driver's License #	

Animal Information

Name	Species	Breed	Age
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please describe the **specific** task or behavior this animal has been trained to perform. For signal or alert animals, describe the behavior demonstrated to signify an alert (For example: "When walking in a harness, the dog directs the handler around obstacles; stops and sits down to alert to oncoming traffic.") Use additional page if necessary.

Important Information – please read

- The Americans with Disabilities Act defines assistance animals as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability. *The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.* Notwithstanding restrictions on access to public accommodations, facilities, and conveyances, individuals accompanied by assistance animals are subject to all other animal control laws, including licensing and leash laws.
- All Assistance Animal Identification Tags must be returned to Animal Services upon the retirement or death of the animal for which the tag was issued. **A replacement fee of up to \$100 may be assessed for lost or stolen tags.**
- All Assistance Animal Identification Tags are issued for a term equal to the validity of the animal license. **All applications must be accompanied by a valid rabies vaccination certificate.**
- Applications for animals in training must be accompanied by a written document detailing a specific training plan and schedule. A statement of qualifications of the trainer should also be attached.

Applicant's Certification

By affixing my signature to this affidavit, I hereby declare I fully understand that Section 365.7 of the Penal Code prohibits any person to knowingly and fraudulently represent himself or herself, through verbal or written notice, to be the owner or trainer of any canine licensed as, to be qualified as, or identified as, a guide dog, signal dog, or service dog, as defined in subdivisions (d), (e), and (f), respectively, of Section 635.5 of the Penal Code and paragraph (6) of section 54.1 of the Civil Code, and that a violation of Section 365.7 of the Penal Code is a misdemeanor, punishable by imprisonment in a county jail not exceeding six months, by a fine not exceeding one thousand dollars (\$1,000) or by both that imprisonment and fine.

Signature

Date

Note: All information on the reverse side of this sheet should be completely filled out prior to obtaining a Healthcare Provider's Certification.

Healthcare Provider's Certification

I hereby certify under penalty perjury under the laws of the State of California that the applicant listed herein is a patient in my care and that this individual has a disability, the conditions of which are ameliorated by the use of an assistance animal performing the specific function or task listed on the reverse side of this form. I also certify that I will retain information sufficient to substantiate this certification and shall make that information available for inspection by the Medical Board of California at the division's request.

Patient Name

Executed at

Date

Healthcare Provider's Name: Last

First

MI

Medical License #

Physical Address

City

State

Zip

Phone

Signature

Date

Animal Services Use Only

Reviewed by

Date

Comments

Approved Denied Incomplete

Tag Issued Yes No

Processed by

Date

Tag #