



COUNTY OF SAN LUIS OBISPO DIVISION OF ANIMAL SERVICES



DOG LICENSE APPLICATION

OWNER INFORMATION

Owner Name, Date of Birth, Address, City, State, Zip, Home Phone, Mobile Phone, Work Phone

ANIMAL INFORMATION

Animal Name, Gender, Spayed / Neutered, Breed, Primary Color, Secondary Color, Markings, Vaccinated against rabies?, Vaccine Date

Please note: A current rabies vaccination is required for the issuance or renewal of a license. The duration of a license cannot extend beyond the expiration of the vaccine. Proof of vaccination must be provided with your application.

LICENSING INFORMATION

Type of License, Other, Replacement Tag, Late Fee, ARF Donation, Total



100% of ARF donations are placed into a fund specifically dedicated to providing extended veterinary and humane care for homeless animals.

\*Please note: These fees valid until June 30, 2017

Complete the following if you need to transfer ownership or no longer own the animal.

Disposition, Date of Disposition, New Owner Name, Address, City, State, Zip, Home Phone, Mobile Phone, Work Phone

I hereby affirm under penalty of perjury in the State of California that I no longer own the animal described above and that to my fullest knowledge and understanding the information provided herein is true and factual.

Signature, Date

