

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								