ANIMAL CONTROL USE ONLY **COUNTY OF CONTRA COSTA** PET LICENSE APPLICATION CERTIFICATION OF RABIES VACCINATION **ANIMAL SERVICES DEPARTMENT** ANIMAL# P.O. BOX 2619 PLEASE CHECK BOXES NEXT TO SELECTED FEES. LICENSE NUMBER **FEE SCHEDULE MARTINEZ, CA 94553-4393** MAKE CHECKS PAYABLE TO: COUNTY TREASURER VETERINARIAN: Please complete the owner, pet, and rables certificate portions of this form and give the white and pink copies to the animal owner. PET OWNER: Please sign this application in the space provided, then mail the WHITE AND PINK copies with your payment to the address listed above. Your validated license application (pink copy) and new license tag will be mailed to you in approximately 3.4 weeks. If you have any questions please call (925) 335-8310. FOR LICENSING INSTRUCTIONS AND REGULATIONS, PLEASE SEE REVERSE SIDE OF THIS FORM SEE BACK PAGE \$40.00 \$74.00 \$110.00 SPAYED OR NEUTERED DOG \$20.00 OR CAT LICENSE ISSUED BY: \$37.00 \$55.00 \$40.00 OWNER CERTIFICATION I CERTIFY THAT THE FOLLOWING STATEMENTS ARE TRUE AND THAT I HAVE RECEIVED A COPY OF CONTRA COSTA COUNTY ORDINANCE CODE ARTICLE 416-4.4 (RESTRAINT) INCLUDING SECTION 416-4.402 (ANIMAL AT LARGE), AND 416-4.404 (ABANDONMENT). (PRINTED ON THE BACK OF YOUR COPY OF THIS FORM). SENIOR CITIZEN (65+) 50% DISCOUNT ONE PET PER HOUSEHOLD CITATION \$40.00 \$37.00 \$55.00 \$20.00 SIGNED SPAYED OR NEUTERED DOG \$10.00 OR CAT LICENSE \$18.00 \$27.00 (FIRST) (MIDDLE) (LAST) * 2 OR 3 YEAR LICENSES NOT AVAILABLE FOR DOGS OR CATS UNDER AGE OF 1 YEAR. PLEASE ENTER TOTAL FEES PAID: \$ PET INFORMATION DOG (NUMBER) (STREET) (APT.) OWNERS MAILING ADDRESS CAT (STATE) (ZIP) (DOMINANT BREED DESCRIPTION) ALTERNATE PHONE CHECK BOX IF SPAYED OR NEUTERED IF PET RESIDES AT AN ADDRESS DIFFERENT FROM ADDRESS PRINTED ABOVE, OR MAILING ADDRESS IS A RURAL ROUTE OR A POST OFFICE BOX, ENTER RESIDENCE ADDRESS BELOW, FOR CHANGE OF ADDRESS ONLY, SEE BOTTOM LEFT SECTION OF THIS FORM. (COLOR) AGE (YR-MO) (SEX) (VERIFICATION REQUIRED DATE SPAYED/NEUTERED (NUMBER) (STREET) (APT.) (OPTIONAL) DATE PET ACQUIRED IF WITHIN 30 DAYS DATE PET ENTERED COUNTY IF WITHIN 30 DAYS (CITY) (STATE) (ZIP) **RABIES CERTIFICATE** I, THE UNDERSIGNED VETERINARIAN, HAVE VACCINATED THIS ANIMAL WITH: CO-OWNER

VACCINE PRODUCT AND LOT NUMBER USED

ENDURALL R

LOT#

DATE EXPIRES OTHER

LOT#

LOT#

NAME LOT#

ALTERNATE PHONE NUMBER

VETERINARIAN COPY

RAB-VAC 3

VETERINARY HOSPITAL __ NAME

STREET

CITY, STATE ____
VETERINARIAN
SIGNATURE

DATE GIVEN

RABDOMUNE 3

LOT#

PREVIOUS LICENSE YEAR / NUMBER

LAST

SUFFIX

CHECK THIS BOX IF YOUR PET HAS NOT BEEN LICENSED IN CONTRA COSTA COUNTY WITHIN THE PAST 24 MONTHS.

PREVIOUS LICENSE EXPIRATION DATE

NUMBER

PHONE NUMBER

MIDDLE

STREET

STATE

NEW LICENSE

RENEWAL

TRANSFER

NAME

ADDRESS

OF OWNER-SHIP

NEW OWNER'S NAME OR OWNER CHANGE OF ADDRESS