



MAIL TO: CITY OF EL SEGUNDO
 ANIMAL CONTROL DIVISION
 348 MAIN STREET
 EL SEGUNDO, CA 90245
 (310) 524-2200

TAG NO. _____

REPLACEMENT # _____

PET LICENSE APPLICATION / RENEWAL

TODAY'S DATE _____

ISSUED BY _____

(PLEASE PRINT)

OWNER INFORMATION

NAME: (LAST) _____ (FIRST) _____

ADDRESS: _____

HOME PHONE: (310) _____

WORK PHONE: (310) _____

EMERGENCY CONTACT

NAME: (LAST) _____ (FIRST) _____

PHONE: () _____ ADDRESS: _____

FEE INFORMATION

- ALL DOGS 4 MONTHS OR OLDER MUST BE LICENSED

- ANNUAL LICENSE FEE \$ _____

- SPAYED OR NEUTERED* \$ _____

CERTIFICATE OF STERILITY OR COPY
 MUST BE SUBMITTED FOR DISCOUNT TO APPLY.

LATE PENALTY COMMENCING: _____

TOTAL DUE= \$ _____

PET INFORMATION

NAME: _____

BREED: _____

SEX: MALE FEMALE SPAYED NEUTERED

COLOR: _____

• ANTI-RABIES VACCINATION DATE: _____

ANY MEDICATION _____

• ANTI-RABIES VACCINATION MUST HAVE BEEN GIVEN ON
 OR AFTER: _____

IF VACCINATION DATE IS NOT CURRENT,
 A NEW ANTI-RABIES VACCINATION CERTIFICATE
 MUST ACCOMPANY PAYMENT

IF YOU NO LONGER OWN A PET PLEASE CHECK BOX
 AND RETURN THIS FORM

RABIES CLINIC INFORMATION

A RABIES CLINIC WILL BE HELD:
