



CITY OF SOUTH PASADENA

1414 Mission Street - South Pasadena, CA 91030
(626) 403-7257



ANIMAL LICENSE APPLICATION

Fiscal Year _____ through _____

Instructions and Information to Owner

1. Owner of animal must be a resident of the City of South Pasadena.
2. Vaccination must cover the licensing period. Animals under one year of age may be licensed for one year. Animals vaccinated over one year of age may be licensed up to three years. Please choose terms carefully. There are no refunds for unused time or if the animal is altered during licensing period and you paid at the higher rate. Fees are not transferable.
3. Provide a valid rabies certificate that does not expire prior to December 31st of the first half of the fiscal year (example, for fiscal year 01/03, the rabies expiration date must not be prior to or on December 31, 2002). If the animal has been neutered or spayed, a Neutered or Spayed Certificate must be included with this application. Please have your veterinarian fill in the Veterinarian Section of this form. New animals must be licensed within 30 days of entering the City of South Pasadena to avoid the late fee.

Please complete the following information, print or type clearly.

Return completed application along with your payment to the City of South Pasadena at the address above. Thank You.

Owner Information Section

Owner Name _____ Home Phone _____
 Home Address _____ Work Phone _____
 City, State, Zip _____ E-mail Address _____

Animal Information Section

Name of Animal _____ DOB _____ Age _____ Microchip # _____
 Breed _____ Color _____ Sex _____ Tag No. _____ Rabies Expire Date _____

Emergency Contact Information Section

Name _____ Home Phone _____
 Street Address _____ Work Phone _____
 City, State, Zip _____

VETERINARIAN INFORMATION SECTION

(to be completed by veterinarian)

Certification of Sterilization:

I certify that I am a licensed veterinarian and that this animal is sterilized.

Doctor's Signature

Date

Certification of Rabies Vaccination and Animal Identification:

I certify that I am a licensed veterinarian and on this date vaccinated the animal described hereon with a California approved vaccine.

Doctor's Signature

Date

Print Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone No. _____

Manufacturer: _____

Series # _____ Lot # _____

License Rate / Fee Information

	UNALTERED	ALTERED	LATE FEE
1 Year License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Year License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Year License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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2 Year License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Year License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

License Rate / Fee Enclosed: \$ _____

Check One: Cash Check Visa M/C

If paying by credit card, please complete the following and sign:

Name on Credit Card: _____

Credit Card No. _____

Expire Date: _____

Signature

Date

FOR CITY USE ONLY

Date Paid _____ Check No. _____

License Fee _____ Rate Code _____

Receipt No. _____