

**COUNTY OF CONTRA COSTA  
ANIMAL SERVICES DEPARTMENT  
P.O. BOX 2619  
MARTINEZ, CA 94553-4393**

**ANIMAL CONTROL USE ONLY**  
ANIMAL # \_\_\_\_\_  
LICENSE NUMBER \_\_\_\_\_  
ISSUE DATE \_\_\_\_\_ EXPIRES END OF \_\_\_\_\_  
ISSUED BY \_\_\_\_\_

**VETERINARIAN:** Please complete the owner, pet, and rabies certificate portions of this form and give the white and pink copies to the animal owner. **PELOOWNER:** 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.

**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 416-4.4B2 (ANIMAL AT LARGE), AND 416-4.4B4 (ABANDONMENT), (PRINTED ON THE BACK OF YOUR COPY OF THIS FORM).

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

LEGAL OWNERS NAME (PLEASE PRINT)  
\_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

OWNERS MAILING ADDRESS  
\_\_\_\_\_  
(NUMBER) (STREET) (SUFFIX) (APT)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

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.

ANIMAL RESIDENCE ADDRESS  
\_\_\_\_\_  
(NUMBER) (STREET) (APT)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

CO-OWNER \_\_\_\_\_

NEW LICENSE (CHECK THIS BOX IF YOUR PET HAS NOT BEEN LICENSED IN CONTRA COSTA COUNTY WITHIN THE PAST 24 MONTHS.)  
 RENEWAL  
PREVIOUS LICENSE EXPIRATION DATE \_\_\_\_\_ PREVIOUS LICENSE YEAR / NUMBER \_\_\_\_\_

TRANSFER OF OWNERSHIP  
NEW OWNERS NAME OR OWNER CHANGE OF ADDRESS  
NAME FIRST MIDDLE LAST  
ADDRESS NUMBER STREET SUFFIX APT  
CITY STATE ZIP  
PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE NUMBER \_\_\_\_\_

**PET LICENSE APPLICATION  
CERTIFICATION OF RABIES VACCINATION**

**FEE SCHEDULE**

PLEASE CHECK BOXES NEXT TO SELECTED FEES.  
MAKE CHECKS PAYABLE TO **COUNTY TREASURER**  
FOR LICENSING INSTRUCTIONS AND REGULATIONS,  
PLEASE SEE REVERSE SIDE OF THIS FORM

REGULAR DOG OR CAT LICENSE  1 YR \$40.00  2 YR \$74.00  3 YR \$110.00 SEE BACK PAGE  
SPRAYED OR NEUTERED DOG OR CAT LICENSE  \$20.00  \$37.00  \$55.00 SPECIAL NO FEE LICENSE  ENTER SPECIAL LICENSE CODE  
PENALTY FEE (SEE BACK PAGE)  \$40.00  
SENIOR CITIZEN (65+) 50% DISCOUNT ONE PET PER HOUSEHOLD CITATION FEE  \$40.00  
REGULAR DOG OR CAT LICENSE  \$20.00  \$37.00  \$55.00 REPLACEMENT TRANSFER FEE  \$7.00  
SPRAYED OR NEUTERED DOG OR CAT LICENSE  \$10.00  \$18.00  \$27.00  
PLEASE ENTER TOTAL FEES PAID: \$ \_\_\_\_\_  
\* 2 OR 3 YEAR LICENSES NOT AVAILABLE FOR DOGS OR CATS UNDER AGE OF 1 YEAR.

**PET INFORMATION**

DOG  CAT PET NAME \_\_\_\_\_  
 MIXED BREED \_\_\_\_\_ (DOMINANT BREED DESCRIPTION) \_\_\_\_\_  
CHECK BOX IF SPAYED OR NEUTERED (CERTIFICATION REQUIRED)  
(COLOR) \_\_\_\_\_ AGE (YR-MO) \_\_\_\_\_ (SEX) \_\_\_\_\_  
DATE SPAYED/NEUTERED \_\_\_\_\_ BY \_\_\_\_\_ DV \_\_\_\_\_  
SPECIAL IDENTIFICATION OR MEDICAL DATE \_\_\_\_\_ (OPTIONAL) \_\_\_\_\_  
DATE PET ACQUIRED IF WITHIN 30 DAYS \_\_\_\_\_ DATE PET ENTERED COUNTY IF WITHIN 30 DAYS \_\_\_\_\_

**RABIES CERTIFICATE**

I, THE UNDERSIGNED VETERINARIAN, HAVE VACCINATED THIS ANIMAL WITH:

(1)  NV (2)  M.V. (3)  OTHER \_\_\_\_\_  
**VACCINE PRODUCT AND LOT NUMBER USED**  
RABICINE 3 \_\_\_\_\_ LOT # \_\_\_\_\_ TRIMUNE \_\_\_\_\_ LOT # \_\_\_\_\_ DEFENSOR 3 \_\_\_\_\_ LOT # \_\_\_\_\_  
RAB VAC 3 \_\_\_\_\_ LOT # \_\_\_\_\_ ENDURALL R \_\_\_\_\_ LOT # \_\_\_\_\_ BMRAB \_\_\_\_\_ LOT # \_\_\_\_\_  
RABDOMUNE 3 \_\_\_\_\_ LOT # \_\_\_\_\_ DURA RAB 3 \_\_\_\_\_ LOT # \_\_\_\_\_ OTHER \_\_\_\_\_ NAME LOT # \_\_\_\_\_  
DATE GIVEN \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_  
VETERINARIAN HOSPITAL NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
VETERINARIAN SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

**VETERINARIAN COPY**