



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:	
CELL PHONE:	
WORK PHONE:	

### EMERGENCY CONTACT

NAME: (LAST)	(FIRST)
PHONE:	ADDRESS:

### PET INFORMATION

NAME:
BREED:
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED <input type="checkbox"/> NEUTERED
COLOR:
MICRO CHIP #:
ANTI-RABIES VACCINATION DUE DATE:
MEDICATIONS:

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

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

### FEE INFORMATION

ALL DOGS 4 MONTHS OR OLDER MUST BE LICENSED

ANNUAL LICENSE FEE	\$
SPAYED OR NEUTERED	\$
CERTIFICATE OR STERILITY OR COPY MUST BE SUBMITTED FOR DISCOUNT TO APPLY	
SENIOR DISCOUNT	\$
LATE FEE	\$
TOTAL DUE	\$