

CITY OF _____ DOG LICENSE APPLICATION AND RABIES VACCINATION CERTIFICATE

OWNER: TO OBTAIN A DOG LICENSE MAIL THIS ENTIRE APPLICATION WITH CHECK/MONEY ORDER TO
CITY OF LINDSAY • P.O. BOX 369 • LINDSAY, CA 93247

LICENSE NO. _____

DOG'S NAME	BREED	COLOR/MARKING	SEX	*NEUT./SPAYED	OWNER'S PHONE	DOG NO.
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This is to certify that on this date I administered live virus vaccine CEO or TCO _____ / _____ / _____

MANUFACTURER _____ LOT NO. _____ AGE _____ SIGNATURE _____
 NEW RENEWAL VACCINATION EXPIRES _____

MO. _____ YR _____

OFFICE USE ONLY
Amount Paid

\$ _____

Date _____

**IMPORTANT: COMPLETE SHADED SECTION BELOW
DOG OWNER**

Please print change of address above

Dog in county how long? _____ Dog in possession how long? _____ x

*TO QUALIFY FOR THE REDUCED FEE, PROOF OF NEUT./SPAYED ANIMAL MUST BE SUBMITTED.

SEE FEE SCHEDULE ATTACHED.

ALL RENEWALS RECEIVED AFTER AUG. 31 ARE DELINQUENT AND A 100% PENALTY WILL BE ADDED AFTER VALIDATION. THIS LICENSE EXPIRES JUNE 30, 19 _____

- Cash
- Check
- Money Order

Lindsay Animal Control Shelter
(559) 562-6577

By _____

Signature Dog Owner/Agent

Date

Check here if you no longer have a dog.