



La Crescenta Dog or Cat License Application



Date: _____

Submit a completed copy of this form and payment in person, by mail or via email to:

Pasadena Humane Society & SPCA, 361 S. Raymond Ave, Pasadena 91105 Attn. Licensing Dept | Questions? Call 626.792.7151 x115 or email licensing@pasadenahumane.org

Pet's Name: _____ Dog Cat Age: _____ years _____ months (must be 4 months of age to be licensed)
 Primary Breed: _____ Pure Breed Mixed Breed Secondary Breed: _____
 Color: _____ Markings: _____
 Microchip #: _____ Veterinarian (Name & Phone #): _____
 Size: Small Medium Large Please check one: Female (not spayed) Female Spayed Male (not neutered) Male Neutered

DOG OWNER INFORMATION (Please use address where dog will be kept)

Owner's First Name: _____ Last Name: _____ Home Phone Number: _____
 Address Where Pet Will Reside: _____ Cell Phone Number: _____
 City: La Crescenta State: CA Zip Code: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____ Phone Number: _____

The Enclosed Payment is for a: New License or License Renewal

- You must submit a copy of a current rabies certificate with this application. Rabies vaccination certificate must be valid throughout the license period.
- If applying for spay/neuter discount on a new license, you must submit certificate of sterility.
- **License period is 12 months from date of issue.**
- Los Angeles County Code 10.20.350 requires that all dogs and cats be Spayed or Neutered, unless the owner provides proof of exemption under Los Angeles County Code 10.20.355.

| | Fee | Late Fee (30 or more days) | |
|---|---|---|-----------------------|
| Resident | Dog Unaltered \$60 Dog Spayed/Neutered \$20 | Dog Unaltered \$60 Dog Spayed/Neutered \$20 | \$ _____ |
| | Cat Unaltered \$10 Cat Spayed/Neutered \$5 | Cat Unaltered \$10 Cat Spayed/Neutered \$5 | \$ _____ |
| Senior Citizen (must show proof of 60 years+) | Dog Spayed/Neutered \$7.50 | Dog Spayed/Neutered \$7.50 | \$ _____ |
| Disabled Veteran | Dog Spayed/Neutered \$7.50 | Dog Spayed/Neutered \$7.50 | \$ _____ |
| Yes, I would like to give a voluntary donation* in the amount of | | | \$ _____ |
| | | | TOTAL \$ _____ |

I declare under penalty of perjury that the foregoing information is true and correct.

Signature: _____ Date: _____

PAYMENT OPTIONS

For your convenience, you may pay the amount due IN PERSON OR BY MAIL. To pay IN PERSON, you may pay with cash, check, money order, American Express, VISA, or MASTERCARD and most ATM cards, in our of office during regular business hours.

We accept cash, check, money order, American Express, Visa, Mastercard and most ATM cards. Please do not mail cash. Email payments must be made by credit card only. Please make your check or money order payable to the Pasadena Humane Society & SPCA. Two party checks are not accepted. To pay by credit card, please PRINT all information requested on this form and sign in the space indicated.

Card holder name _____

Visa American Express Mastercard Exp. Date

Credit Card #

Authorized Signature _____ Date _____

*Pasadena Humane Society & SPCA is a 501(c)(3) tax-exempt organization, Federal Tax ID #95-1643344. Donations are tax-deductible to the full extent of the law.