



# La Cañada/Flintridge Dog 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](mailto:licensing@pasadenahumane.org)

Dog's Name: \_\_\_\_\_ 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 Dog Will Reside: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 City: La Cañada 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 good throughout the license period. (LCFMC 10.20.220)
- If applying for senior discount on a new license, you **must** submit **proof of age** (60+ years). (LCFMC 10.20.035)
- If applying for spay/neuter discount on a new license, you must submit certificate of sterility. (LCFMC 10.20.110)
- **License period is 12 months from date of issue.**

Resident	Dog Unaltered \$50 Spayed/Neutered \$25	\$ _____
Senior Citizen (must show proof of 60 years+)	Dog Unaltered \$25 Spayed/Neutered \$8	\$ _____
Late Renewal Charge (if 30 or more days late)	\$30	\$ _____
Late Renewal Charge (if 60 or more days late)	\$75	\$ _____
<b>Yes, I would like to give a voluntary donation* in the amount of</b>		\$ _____
		<b>TOTAL \$ _____</b>

**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 _____
<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard Exp. Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Credit Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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.