

# LA CAÑADA/FLINTRIDGE DOG LICENSE APPLICATION



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 #: \_\_\_\_\_

Size:  Small  Medium  Large *Please check one:*  Female (not spayed)  Female Spayed  Male (not neutered)  Male Neutered

Veterinarian (Name & Phone #): \_\_\_\_\_

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

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address Where Dog Will Reside: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: **La Cañada** State: **CA** Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**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 Pasadena Humane.** 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 \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit a completed copy of this form and payment in person, by mail, by fax or via email to:  
Pasadena Humane, Attn: Licensing Dept, 361 S. Raymond Ave., Pasadena, CA 91105  
Email: [licensing@pasadenahumane.org](mailto:licensing@pasadenahumane.org) · Fax: **626.993.1976** · Questions? Call **626.792.7151** x115

**Your pet's license tag is permanent. You will not receive a new license tag with renewals.**

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