SOUTH PASADENA DOG LICENSE APPLICATION





Dog's Name:	_ Age:		YearsN	Months	(must be 4 months of ag	ge to be licensed)	
Primary Breed:	_ Pure	e Breed	☐ Mixed Breed	Secon	dary Breed:		
Color:	_ Markii	ngs:					
Microchip #:							
Size: ☐ Small ☐ Medium ☐ Large Please check on	e: □Fem	ale (not	spayed) 🔲 Fema	le Spay	red Male (not neutered)	☐ Male Neutered	
Veterinarian (Name & Phone #):							
DOG OWNER INFORMATION (Please use address	where dog	g will be	kept)				
Owner's First Name: Last	Last Name:				Home Phone:		
Address Where Dog Will Reside: Cell P					Cell Phone:		
City: South Pasadena State: CA Zip Code:		Em	ail Address:				
EMERGENCY CONTACT INFORMATION							
First Name: Last Name:	Last Name:				e Number:		
PAYMENT INFORMATION The Enclosed Payr • You must submit a copy of a current rabies certificate with this		ra: 🗆	New License -	-or- [] License Renewal	ı	
application. Rabies vaccination certificate must be valid through the license period.		Reside	nt		(Dog Unaltered) (Spayed/Neutered)	\$	
 If applying for senior discount on a new license, you must submit of age (60+ years) 		Senior Citizen (must show proof of 60		_	(Dog Unaltered)	\$	
applying for spay/neuter discount on a new license, you must submit rtificate of sterility.		years+) Late Renewal Charge			(Spayed/Neutered)		
• License period is 12 months from date of issue.			more days late)	\$25		\$	
Licenses are issued only to individual persons.		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.					TOTAL	\$	
We accept cash, check, money order, American Express, Visa, M credit card only. Please make your check or money order payab PRINT all information requested on this form and sign in the spa	astercard a	dena Hu			, ,	•	
Card holder name		[]Visa □Americ	an Expi	ress Mastercard Exp.	Date	
it Card # Authorized Signature						Date	
I declare under penalty of perjury that the foregoing inf	ormation	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 · 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.