

ANIMAL LICENSE APPLICATION

LICENSE FEES: \$50 - Unaltered Male/Female \$20 - Altered Male/Female (*Proof of Sterilization is Required*)

OWNER INFORMATION

Name _____
Last Name *First Name*

Home Address _____
Street Address *City* *Zip Code*

Mailing Address _____
(If different from home address)

Mobile Phone Number _____ Home Phone Number _____

Work Phone Number _____ Email Address _____

ANIMAL INFORMATION

Dog Cat
Name _____ Date of Birth _____ Breed _____
Color _____ Microchip Number _____
Sex Male Female Sterilized Yes (*Submit copy of Sterilization Certificate*) No

RABIES VACCINATION INFORMATION - *Attach a copy of Rabies Certificate with this application*

Vaccination Date _____ Revaccination Date _____
Mfg _____ Lot Number _____ Veterinarian/Clinic _____

I hereby certify that all statements made in connection with this application are true and complete to the best of my information and belief. I understand and agree that any misstatement or omission of fact therein may cause denial or revocation of the license.

Signature of Applicant _____ Print Name _____ Application Date _____

You may send this application by mail with check or money order only payable to: CITY OF OXNARD

FOR OFFICE USE ONLY

New Renewal Duplicate Transfer

Prior License Tag/Interim # _____

License Tag _____

Issue Date _____

Date Expires _____

Fee \$ _____

Penalty \$ _____

Total \$ _____

Form of Payment

Cash
 Check # _____
 Money Order # _____