



CITY OF VERNON
HEALTH & ENVIRONMENTAL CONTROL DEPARTMENT
 4305 SANTA FE AVENUE, VERNON, CA 90058 (323) 583-8811, EXT. 233

APPLICATION FOR DOG LICENSE

INSTRUCTIONS: Vernon City Code Section 10.15 requires every owner of any dog over the age of four (4) months within the City shall obtain an annual dog license and pay the fees established by city council resolution. (Please note that any dog with a current dog license from another jurisdiction does not need a Vernon dog license. Proof of license must be provided to the Department). Annual renewal notices will be mailed. *All applicants must be City of Vernon residents or City of Vernon businesses. Complete SECTION A and SECTION B. PLEASE PRINT CLEARLY.*

SECTION A

BUSINESS/INDIVIDUAL INFORMATION

Name of Business/Individual: _____ Phone No: _____

Name Business Owner: _____

Business /Home Address: _____

Mailing Address (if different from above): _____

SECTION B:

ANIMAL INFORMATION

Dog Name: _____	Breed: _____	Color: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Spay/Neutered	Age: _____	Tag No. _____	<input type="checkbox"/> Other: _____	

Dog License Fees - Application/Annual Fee = \$15.00 per dog.
Dog owners who are Senior Citizens (60 years or older) - Application/Annual Fee = \$3.00.
Dogs that are spayed/neutered - Application/Annual fee = \$5.00.

Along with the application and fee you will need to submit a current Rabies Certificate (Certificate will be returned).

The tag issued to your dog with the dog license is a permanent tag and will not be replaced. The tag should be placed on the dog immediately. The tag number will stay with your dog for life. In the future if a dog is lost and impounded, this "Tag for Life" will make it easier to find the owner and reunite the dog with its owner.

I declare under penalty of making a false statement that, to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this license.

Date: _____ Signature: _____ Title: _____

FOR DEPARTMENT USE ONLY

Receipt #	Date Paid	Received By	Tag No.	License Approved/Denied		ACCOUNT #
				Date:	By:	011-1060-410240