DOC I ICENCE

DOG LICENSE APPLICATION & RENEWAL • WHITE		ANIMAL 🛌
INSTRUCTIONS FOR USING THIS FORM:	CHULA VISTA	
1.This is a 3-part form. Completely fill out WHITE copy by typing or writing in all entries. 2.Veterinarian will sign ALL THREE copies: WHITE, YELLOW & BLUE		, Chula Vista, CA 91911
3.Return WHITE copy with your payment. Dog owner keeps YELLOW copy. Veterinarian will retain BLUE copy.	3 – year	
Applicant's LAST Name FIRST Name MI		r dogs 1 year old at
Chula Vista Address Zip Code	vaccinat	•
Home Phone () Alt. Phone () Email		red/Neutered: \$30
Chula Vista Address Zip Code Home Phone () Alt. Phone () Email Dog's Name Breed Color Dog's Gender: _ M _ F Dog's Birthdate (Mo/Yr)/ Spayed/Netered? _ Y _ N		Spayed/Neutered: \$60
Dog's Gender: M F Dog's Birthdate (Mo/Yr)/ Spayed/Netered? Y N	1 - year	red/Neutered: \$20
CERTIFICATE OF RABIES VACCINATION AND DOG IDENTIFICATION		Spayed/Neutered: \$40
I certify that I am a licensed veterinarian and vaccinated this dog with a killed rabies virus vaccine on the date		– Penalty for late
below.		t > 30 days delinquent
Signature Vet Clinic/Hospital Date Date Lot	\$20	
No Initial or Booster Expiration	TOTAL FEES:	payable to "CVACF"
If you are NO LONGER A RESIDENT OF CHULA VISTA, OR NO LONGER HAVE THIS DOG, sign here	iviake check	payable to CVACE
and mail in: Date		n and payment to above address.
DOG LICENSE APPLICATION & RENEWAL • YELLOW		
DOG LICEINSE APPLICATION & RENEWAL TELLOW		ANIMAL —
INSTRUCTIONS FOR USING THIS FORM:	CITY OF	CARE
1. This is a 3-part form. Completely fill out WHITE copy by typing or writing in all entries.	CHÜLAVISTA	FACILITY #
2. Veterinarian will sign ALL THREE copies: WHITE, YELLOW & BLUE	130 Beyer Way	, Chula Vista, CA 91911
3.Return WHITE copy with your payment. Dog owner keeps YELLOW copy. Veterinarian will retain BLUE copy.	3 – year	
Applicant's LAST Name FIRST Name MI Chula Vista Address Zip Code	(only fo	r dogs 1 year old at
Home Phone () Alt. Phone () Email		red/Neutered: \$30
Dog's NameBreedColor		Spayed/Neutered: \$60
Home Phone ()		License
CERTIFICATE OF RABIES VACCINATION AND DOG IDENTIFICATION		red/Neutered: \$20
I certify that I am a licensed veterinarian and vaccinated this dog with a killed rabies virus vaccine on the date		Spayed/Neutered: \$40
below.		– Penalty for late
Signature Vet Clinic/Hospital Date	paymen paymen	t > 30 days delinquent
Date Vaccinated Vaccine Manufacturer/Name Lot No Initial or Booster Expiration	TOTAL FEES:	
No Initial or Booster Expiration		payable to "CVACF"
If you are NO LONGER A RESIDENT OF CHULA VISTA, OR NO LONGER HAVE THIS DOG, sign here		
and mail in: Date		n and payment to above address.
	.11/.	
DOG LICENSE APPLICATION & RENEWAL • BLUE		
INSTRUCTIONS FOR USING THIS FORM:		ANIMAL ***
1.This is a 3-part form. Completely fill out WHITE copy by typing or writing in all entries.	CHULA VISTA	CARE
2. Veterinarian will sign ALL THREE copies: WHITE, YELLOW & BLUE		_
3.Return WHITE copy with your payment. Dog owner keeps YELLOW copy. Veterinarian will retain BLUE copy.	-	, Chula Vista, CA 91911
Applicant's LAST Name FIRST Name MI Chula Vista Address Zip Code Home Phone () Alt. Phone () Email	3 – year	r dogs 1 year old at
Chula Vista Address Zip Code	vaccinat	
Home Phone () Alt. Phone () Email		red/Neutered: \$30
Dog's NameBreedColor Dog's Gender: \(\backsquare{N} \)		Spayed/Neutered: \$60
Dog's Gender. [] IVI [] F Dog's birthdate (IVIO/11)/ Spayed/Netered? [] Y [] IV	☐ 1 – year	
CERTIFICATE OF RABIES VACCINATION AND DOG IDENTIFICATION		red/Neutered: \$20
I certify that I am a licensed veterinarian and vaccinated this dog with a killed rabies virus vaccine on the date		Spayed/Neutered: \$40
below.		– Penalty for latet > 30 days delinquent
Signature Vet Clinic/Hospital Date	— paymen ☐ \$20	i - 30 uays ueiiiiqueiit
Date Vaccinated	TOTAL FEES:	
If you are NO LONGER A RESIDENT OF CHULA VISTA, OR NO LONGER HAVE THIS DOG, sign here		payable to "CVACF"
and mail in: Date		
	Mail/return form	n and payment to above

address.