

DOG LICENSE

APPLICATION & RENEWAL • WHITE

INSTRUCTIONS FOR USING THIS FORM:

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**
3. Return **WHITE** copy with your payment. Dog owner keeps **YELLOW** copy. Veterinarian will retain **BLUE** copy.

Applicant's LAST Name _____ FIRST Name _____ MI _____
 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

CERTIFICATE OF RABIES VACCINATION AND DOG IDENTIFICATION

I certify that I am a licensed veterinarian and vaccinated this dog with a modified live virus vaccine on the date below.

Signature _____ Vet Clinic/Hospital _____ Date _____
 Date Vaccinated _____ Vaccine Manufacturer/Name _____
 Lot No _____ Initial or Booster Expiration _____

If you are NO LONGER A RESIDENT OF CHULA VISTA, OR NO LONGER HAVE THIS DOG, sign here and mail in: _____ Date _____

DOG LICENSE

APPLICATION & RENEWAL • YELLOW

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APPLICATION & RENEWAL • BLUE

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130 Beyer Way, Chula Vista, CA 91911

- 3 – year License (only for dogs 1 year old at vaccination)
 - Spayed/Neutered: \$30
 - NOT Spayed/Neutered: \$60
- 1 – year License
 - Spayed/Neutered: \$20
 - NOT Spayed/Neutered: \$40
- Late fee – Penalty for late payment > 30 days delinquent
 - \$20

TOTAL FEES: _____
 Make check payable to "CVACF"

Mail/return form and payment to above address.



130 Beyer Way, Chula Vista, CA 91911

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