

DOG LICENSE APPLICATION & RENEWAL • WHITE



INSTRUCTIONS FOR USING THIS FORM:

- This is a 3-part form. Auto-fill will complete yellow and blue copies if white copy is typed in Adobe Acrobat.**
NOTE: You may not be able to save what you type. Be sure to PRINT the completed application.
- Veterinarian will need to sign ALL THREE copies below.**
- Return WHITE and YELLOW copies with your payment. Veterinarian will retain BLUE copy.**

Applicant's LAST Name _____ FIRST Name _____ MI _____
 Chula Vista Address _____ Zip Code _____
 Work Phone (____) _____ Alt. Phone (____) _____ Email _____
 Dog's Name _____ Breed _____ Color _____
 Gender: M F Dog's Birthdate (Mo/Yr) ____/____/____ Dog's age at vaccination ____ Spayed/Neutered? 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 _____ Today's Date _____
 Date Vaccinated _____ Exp _____ Vaccine Manufacturer/Name/Lot No. _____

IF YOU DO NOT NEED TO RENEW THIS DOG LICENSE because you are no longer a Chula Vista resident OR no longer have this dog, sign here and mail in: _____ Date: _____

OFFICE USE: Permanent Tag #: _____ Expires: _____ Date Processed: _____ Pay Type: _____

- 3-year License
(only for dogs 1 year old at vaccination)
 Spayed/Neutered: \$20
 NOT Spayed/Neutered: \$32
- 1-year License
 Spayed/Neutered: \$20
 NOT Spayed/Neutered: \$32
- Late Payment Fees:
 1 - 15 days late: \$10
 16 - 30 days late: \$20
 Over 30 days late: \$50

TOTAL FEES: _____

**Make check payable to
 "City of Chula Vista"**

I certify under penalty of perjury that this dog has been spayed/neutered as indicated above:

 Veterinarian or Owner Signature

Mail/return form and payment to:
CVACF
130 Beyer Way, Chula Vista, CA 91911

DOG LICENSE APPLICATION & RENEWAL • YELLOW



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DOG LICENSE APPLICATION & RENEWAL • BLUE



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