



**COUNTY OF MENDOCINO**  
**Animal Care Services**  
**PET LICENSE APPLICATION**  
298 Plant Road, Ukiah Ca. 95482  
(707) 463-4427

PERSON INFORMATION:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Jurisdiction (Circle One): City Limits/County Phone: \_\_\_\_\_

ANIMAL INFORMATION:

Animal Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Primary Color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Breed: \_\_\_\_\_ Secondary Breed: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_ Vaccination Expires: \_\_\_\_\_  
*(Vaccination Certificate must be attached)*

Spay/Neuter Date: \_\_\_\_\_  
*(Spay/Neuter Certificate must be attached)*

**License fee of \$25 (altered) \$55 (unaltered)**

A service fee is charged for all credit card transactions.

DO NOT ENCLOSE CASH. Make check/money order payable to: Animal Care Services.

**TO PAY BY CREDIT CARD: Call (707) 463-4427 or complete information below and return:**

Your name and address as it appears on credit card statement: \_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Address)* Signature: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date: Month \_\_\_\_\_/Year \_\_\_\_\_  
3 Digit Verification (located on back of card) \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ Amount: \$ \_\_\_\_\_