



Master Control # _____
 Dog License# _____
 Dog Chip# _____
 Rabies Vaccination Date _____
 Rabies Expiration Date _____

CITY OF SAN LEANDRO
 835 E. 14TH STREET, SAN LEANDRO, CA 94577
 (510) 577-3378

DOG LICENSE APPLICATION

Please complete the form below and return it along with a copy of the **current rabies certificate** and your check made payable to the **City of San Leandro**.
 (See chart below for applicable fees)

DOG OWNER/GUARDIAN INFORMATION (Please Print)

First Name: _____ Last Name: _____
 Street Address: _____ San Leandro, CA 9457_ _
 Home Phone: _____ Day Phone: _____

DOG LICENSE INFORMATION

Dog's Name: _____ Breed: _____
 Description/Color: _____ Birth Date: _____

SEX: ___ Male ___ Female

SPAYED/NEUTERED*: ___ Yes (certificate required) ___ No

TYPE OF LICENSE	(All fees are non-refundable)	
	<u>1YEAR</u>	<u>3 YEARS</u>
___ Unaltered dog	\$20.00	\$40.00
___ Altered dog	\$10.00	\$20.00

*****The term of the license cannot exceed the rabies expiration date.*****

TOTAL AMOUNT ENCLOSED: \$ _____

*Please note that the fees are different if the dog has been spayed or neutered (certificate required). New rabies certificate required for renewal. Write a check made payable to the **City of San Leandro**.

Signature: _____ Date: _____