



OFFICIAL USE ONLY

Master Control No. _____

Dog License No. _____

Received By _____

CITY OF SAN LEANDRO

835 E. 14TH Street, San Leandro, CA 94577

Call: (510) 577-6021 Email: cashiers@sanleandro.org

DOG LICENSE APPLICATION

Please complete the form below and return it along with a copy of the **current rabies certificate** The fees are different if the dog has been spayed or neutered (**certificate required**). Please make your check made payable to the **City of San Leandro** and mail to the address provided above.

TYPE OF APPLICATION

- New Renewal Replacement Tag

DOG OWNER/GUARDIAN INFORMATION (Please Print)

First Name: _____ Last name: _____

Street Address: _____ San Leandro, CA Zip Code 9457 _____

Home Phone: _____ Email Address: _____

DOG LICENSE INFORMATION

Dog's Name: _____ Breed: _____

Description/Color: _____ Birth Date: _____

Sex (Male/Female): _____ Neutered/Spayed/Intact: _____

Rabies Vaccination Date: _____ Rabies Expiration Date: _____

Dog Chip No. (If applicable) _____

LICENSE FEE

		<u>1YEAR</u>	<u>3 YEARS</u>
<input type="checkbox"/>	Unaltered dog	\$21.00	\$42.00
<input type="checkbox"/>	Altered dog	\$10.00	\$21.00

The term of the license cannot exceed the rabies expiration date. All fees are non-refundable

CHECKLIST: Please check items that you've included with this new application before mailing

- Signed Check (Do not mail cash) Rabies Certificate Sterilization Proof

Owner's Signature: _____ Date: _____