

# REGISTER NEW PET(S) APPLICATION FORM



Marcia Mayeda, Director

Dog and cat licenses are an important means of identification. All dogs in the County of Los Angeles must be licensed. Cats must also be licensed in unincorporated areas and in the majority of incorporated cities served by the Department, while there are some exceptions.

In California, all dogs four months or older are required to be vaccinated for rabies. It is also recommended that cats be vaccinated for rabies. Pets must be re-vaccinated each year, or every three years with an approved three-year vaccine. Failure to vaccinate or license a dog or cat may result in fines or penalties. The County of Los Angeles also requires all dogs and cats to be spayed or neutered as well as micro chipped.

Reduced license fees are provided for spayed and neutered pets. In addition, there may be special rates available with approval for seniors or veterans. These rates, as well as the maximum allowed animals, are set by the jurisdiction where the pets reside.

Once this form is received, with the necessary documentation, it will start the process of registering your pet(s) with the County of Los Angeles.

**Required items for this verification.**

**(Submission will not be accepted if an item is missing):**

Please note some areas require documents to be submitted for the County of Los Angeles to review.

- In order to qualify for a senior special rate, a photocopy of an official California ID (either driver's license or identification card) must be submitted as part of the application.
- In order to qualify for a active military special rate, a photocopy of your current Military ID must be submitted as part of the application.

**Please print and return this completed sheet with any supporting documentation to:  
County of Los Angeles Animal Care & Control License Enforcement  
Attention: Pet License Application  
5898 Cherry Ave  
Long Beach, CA 90805**

**1. Subject Name, Address and Animal Information** **FOR DACC STAFF ONLY**

First Name:	Middle Initial:	Last Name:	Date of Review:
Physical Street Address (Please include Suite or Apt. (where applicable):			Date Person Record was updated:
City, State, Zip:			DACC Person ID #:
Email:		Date of Birth:	
Phone #1 (Area Code + Number):		Phone #2 (Area Code + Number):	
<input type="checkbox"/> My Mailing Address is different from the address where my pets are located			
Mailing Address (include Suite or Apt):			
City, State, Zip:			
<input type="checkbox"/> Please apply a special rate to my profile, if applicable.		Special Rate Requested: <input type="checkbox"/> Senior or <input type="checkbox"/> Military:	

**2. Submit Qualification Documents**

**Please include a photocopy of your official ID that qualifies you for the selected special rate.**

**3. Register My Pets**

<b>3a. Pet #01</b>		<b>3b. Pet #02</b>	
Pet Name:		Pet Name:	
Estimated Age: ____ Year(s) ____ - Mo(s)	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Estimated Age: ____ Year(s) ____ - Mo(s)	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat
Primary Breed	Secondary Breed:	Primary Breed	Secondary Breed:
Primary Color	Secondary Color:	Primary Color	Secondary Color:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No

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(Please remember to include Spay or Neuter documentation for this animal.)		(Please remember to include Spay or Neuter documentation for this animal.)	
<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested		<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested	
(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal.)		(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal.)	
Microchip Registration Number:		Microchip Registration Number:	
(Please remember to include Microchip documentation for this animal, if available.)		(Please remember to include Microchip documentation for this animal, if available.)	
<b>3c. Pet #03</b>		<b>3d. Pet #04</b>	
Pet Name:		Pet Name:	
Estimated Age: ____ Year(s) ____ - Mo(s)	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Estimated Age: ____ Year(s) ____ - Mo(s)	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat
Primary Breed	Secondary Breed:	Primary Breed	Secondary Breed:
Primary Color	Secondary Color:	Primary Color	Secondary Color:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No
(Please remember to include Spay or Neuter documentation for this animal)		(Please remember to include Spay or Neuter documentation for this animal)	
<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested		<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested	
(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal)		(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal)	
Microchip Registration Number:		Microchip Registration Number:	
(Please remember to include Microchip documentation for this animal, if available)		(Please remember to include Microchip documentation for this animal, if available)	
<b>3e. Pet #05</b>		<b>3f. Pet #06</b>	
Pet Name:		Pet Name:	
Estimated Age: ____ Year(s) ____ - Mo(s)	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Estimated Age: ____ Year(s) ____ - Mo(s)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Breed	Secondary Breed:	Primary Breed	Secondary Breed:
Primary Color	Secondary Color:	Primary Color	Secondary Color:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spay or Neuter documentation
(Please remember to include Spay or Neuter documentation for this animal)		(Please remember to include Spay or Neuter documentation for this animal)	
<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested		<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested	
(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal)		(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal)	
Microchip Registration Number:		Microchip Registration Number:	
(Please remember to include Microchip documentation for this animal, if available)		(Please remember to include Microchip documentation for this animal, if available)	
<b>3g. Pet #07</b>		<b>3h. Pet #08</b>	
Pet Name:		Pet Name:	
Estimated Age: ____ Year(s) ____ - Mo(s)	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Estimated Age: ____ Year(s) ____ - Mo(s)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Breed	Secondary Breed:	Primary Breed	Secondary Breed:

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Primary Color	Secondary Color:	Primary Color	Secondary Color:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spay or Neuter documentation
(Please remember to include Spay or Neuter documentation for this animal)		(Please remember to include Spay or Neuter documentation for this animal)	
<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested		<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested	
(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal)		(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal)	
Microchip Registration Number:		Microchip Registration Number:	
(Please remember to include Microchip documentation for this animal, if available)		(Please remember to include Microchip documentation for this animal, if available)	

<b>3i. Pet #09</b>		<b>3j. Pet #10</b>	
Pet Name:		Pet Name:	
Estimated Age: ____ Year(s) ____ - Mo(s)	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Estimated Age: ____ Year(s) ____ - Mo(s)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Breed	Secondary Breed:	Primary Breed	Secondary Breed:
Primary Color	Secondary Color:	Primary Color	Secondary Color:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spay or Neuter documentation
(Please remember to include Spay or Neuter documentation for this animal)		(Please remember to include Spay or Neuter documentation for this animal)	
<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested		<input type="checkbox"/> Rabies Vaccination documentation (or) <input type="checkbox"/> Rabies Exemption requested	
(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal)		(Please remember to include Rabies Vaccination or Rabies Exemption documentation for this animal)	
Microchip Registration Number:		Microchip Registration Number:	
(Please remember to include Microchip documentation for this animal, if available)		(Please remember to include Microchip documentation for this animal, if available)	

**3. Applicant or Owner Certification**

*I hereby certify under penalty of perjury that the information provided herein, including all attachments, is correct to the best of my knowledge.*

<b>By:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
(TYPE NAME)	(SUBMITTER)	