



ANIMAL LICENSE APPLICATION

FINANCE OFFICE

411 Main Street
P.O. Box 3420
Chico, CA 95927-3420
530-879-7320
530-895-4656 - Fax

(Pursuant to Chapter 7.08 of the Chico Municipal Code)

Instructions:

- Complete Form
- Return completed form to the City of Chico Finance Office
- Include applicable fees. Make checks payable to "City of Chico"
- Include a copy of the current rabies vaccination
- Include proof of spay/neuter if applying for a license for an altered animal (all copied documentation will not be returned)

OWNER INFORMATION:

Owner Name: _____		
Street Address: _____		Apt#: _____
City _____	State _____	Zip Code _____
Mailing Address: _____		Apt#: _____
(if different)	City _____	State _____ Zip Code _____
Home Phone: _____		Work or Emergency Phone: _____

ANIMAL INFORMATION:

Name: _____	Breed: _____		
Color(s): _____	Age: _____		
Please check one of the following:			
<input type="radio"/> Male	<input type="radio"/> Neutered Male	<input type="radio"/> Female	<input type="radio"/> Spayed Female

LICENSE INFORMATION:

Rabies Vaccination Expiration Date: _____		
<i>(Please note that your animal cannot be licensed beyond the Vaccination Expiration Date)</i>		
Please check one of the following:		
License	Altered	Unaltered
1 Year	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$25.00
2 Year	<input type="checkbox"/> \$21.50	<input type="checkbox"/> \$44.00
3 Year	<input type="checkbox"/> \$28.00	<input type="checkbox"/> \$57.00