



# TOWN OF PARADISE

Animal Shelter Division  
925 American Way  
Paradise, CA 95969  
(530) 872-6275

## Dog License Application

### Owner Information

Dogs must have current rabies vaccinations and be licensed within 30 days of being acquired or moving to Paradise, and puppies must be vaccinated and licensed within 4 months or a late fee will be incurred.

Full Name: \_\_\_\_\_  
Last First M.I.

Physical Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: ( ) Work or Mobile Phone: ( )

### Animal Information

Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female Neuter/Spay ☐ Yes ☐ No

Age Yr. Mo: \_\_\_\_\_ Breed: \_\_\_\_\_ Size/Lbs: \_\_\_\_\_

Color: \_\_\_\_\_ Looks Like: \_\_\_\_\_

### License Information

Please enclose a copy of the **rabies certificate** (license cannot exceed the rabies vaccination expiration date). Rabies vaccinations must be good for 6 months (unless it's a puppy) otherwise you will need to revaccinate. Also, please submit a copy of the **spay/neuter certificate** for animals not previously licensed.

Rabies Certificate Expiration Date: \_\_\_\_\_

Please select from the following:

<u>License</u>	<u>Spayed/ Neutered</u>	<u>Unaltered</u>	<u>Late Fee</u>	<u>Total Fees Enclosed*</u>
1 Year	<input type="checkbox"/> \$14.56	<input type="checkbox"/> \$29.12		*fees subject to change
2 Year	<input type="checkbox"/> \$21.28	<input type="checkbox"/> \$42.56		
3 Year	<input type="checkbox"/> \$29.12	<input type="checkbox"/> \$57.12	<input type="checkbox"/> \$21.28	<b>\$</b> _____

#### Mail or Deliver to:

Paradise Animal Shelter  
925 American Way  
Paradise, CA 95969  
Tue. – Sat. 11:00 – 3:30

Town of Paradise  
5555 Skyway  
Paradise, CA 95969  
Mon – Thurs. 8:00 – 5:00

THANK YOU FOR LICENSING YOUR PET.  
LICENSES HELP LOST DOGS FIND THEIR WAY HOME.