

City of Los Angeles

Dog License Application for Spayed or Neutered Dog

License fee for a spayed or neutered dog is \$20 each year.

All dogs over four months of age kept within the City must be:

- --licensed (Section 53.28 of the Los Angeles Municipal Code, "LAMC")
- --spayed or neutered (LAMC Section 53.15.2(b))
- --vaccinated against rabies (LAMC Section 53.51)

Owner must provide copy of a) RABIES VACCINATION CERTIFICATE AND b) CERTIFICATE OF STERILIZATION. Original certificates will not be returned; please submit photocopies. For information, call (213) 482-9550. Please note that a dog license is valid only when the required rabies vaccination certificate, issued by a licensed veterinarian, is provided to the Department, and only as long as the rabies vaccination is in effect or has not expired.

OWNER INFORMATION								
NAME								
LAST				FIRST				MIDDLE INITIAL
RESIDENCE								
NUMBER	DIRECTIO	ON STREET				TYPE (A)	VENUE, ETC.)	APT. NO.
CITY						STATE		ZIP CODE
() –				()		_		
MAIN TELEPHONE NUMBER		TYPE (RESI	DENCE, ETC.)	SECOND TELE	PHONE	NUMBER		TYPE (CELL, ETC.)
DOG DESCRIPTION								
BREED	NAME			PUREBREED		COLOR AND OTH		ER IDENTIFICATION
						DOMINANT		
				MIXED BREED		SECOND		
DATE OF BIRTH		SEX		SPAY or NEI	JTER	THIRD		
	FEM	IALE	MALE	YES	NO*	SPECIAL	MARKS	
						MICROC	HIP#	NO 🗌
* By law your dog must be	sterilized (s	paved or neu	itered) unles	s vou meet cei	tain lim	nited exemi	otions. For	more information, conta
your local animal care cent								, , , , , , , , , , , , , , , , , , , ,
she is unable to engage in be expected to result in de the Department of Water a with required documentatio	ath or to be nd Power's (of long, cont DWP) Lifeline	inued, and in e or Low Inco	ndefinite duration ome Program o	on. Eliç r to resi	gibility verif idents subr	fication will b mitting a Dep	e based on enrollment
1 Person 2	Person	3 Person	4 Person	5 Person	6	6 Person	7 Person	8 Person
\$29,550	33,750	\$37,950	\$42,150	\$45,550	;	\$48,900	\$52,300	\$55,650
To obtain a \$10.00 dog lice "Lifeline Discount" or the Application" from our webs provide required informatio A free license may be iss handicapped when the do (213) 482-9550.	"Low Income te and submin/documenta ued for any	me Discount it it along wit ation will resu dog duly a	". If you are the the require all the require all the delayed and properly are the control of th	not a DWP cued documentation of processing trained to aid	stomer, on to th of you or assi	, you may on a second of the s	download a 'indicated on cation.	'Very Low Income Bene the application. Failure blind, deaf, or physical
OWNER AFFIDAVIT								
This is to certify that the info LAMC Section 53.15.	ormation prov	vided in this a	pplication is	true and correct	. Falsif	fication of li	censing infor	mation is a violation of the
X					_			
APPLICANT'S SIGNAT	URE							DATE
MAIL THIS FORM AND AN City of Los Angeles, Dep						jeles, CA	90054-0856	ô

OR YOU MAY BRING THIS FORM TO ANY OF THE DEPARTMENT'S SIX ANIMAL CARE CENTERS AT:

East Valley Center 14409 Vanowen St., Van Nuys, CA 91405 Harbor Center 957 N. Gaffey St., San Pedro, CA 90731 North Central Center 3201 Lacy St., Los Angeles, CA 90031 South Los Angeles Center 3612 11th Ave., Los Angeles, CA 90018
West Los Angeles Center 11361 W. Pico Blvd., Los Angeles, CA 90064
West Valley Center 20655 Plummer St., Chatsworth, CA 91311