



**Santa Barbara County**  
**Animal Services**  
**License Form**

MALE  FEMALE  NEUTERED MALE  SPAYED FEMALE

PET NAME \_\_\_\_\_  
 BREED \_\_\_\_\_  
 COLOR \_\_\_\_\_ AGE \_\_\_\_\_

MICROCHIP # \_\_\_\_\_

OWNER \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
 (IF DIFFERENT THAN MAIL)

CITY, ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PRIMARY PH \_\_\_\_\_ ALT PH \_\_\_\_\_

VETERINARY HOSPITAL/CLINIC \_\_\_\_\_

**FOR STAFF USE ONLY:**

TAG# \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

EXP. DATE \_\_\_\_\_

RABIES EXP. \_\_\_\_\_

**LICENSE FEE (CIRCLE ONE)**

<b>DOG</b>	<u>6MOS.</u>	<u>1YR</u>	<u>2YR</u>	<u>3YR</u>
*UNALTERED	\$45	\$80	\$140	\$200
ALTERED	\$13	\$25	\$48	\$74
*SENIOR UNALT	\$32	\$49	\$80	\$116
SENIOR ALTERED	\$11	\$22	\$35	\$52
DUPLICATE TAG	\$10			

**\*UNALTERED CAT \$80 /YR**

\*requires signed Veterinary Certificate in Unincorporated areas

AMOUNT SUBMITTED: \$ \_\_\_\_\_  
 check cash

RECEIVED BY: \_\_\_\_\_