



# 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:

Male            Neutered Male            Female            Spayed Female

### **LICENSE INFORMATION:**

Rabies Vaccination Expiration Date: \_\_\_\_\_

*(Please note that your animal cannot be licensed beyond the Vaccination Expiration Date)*

Please check one of the following:

License	Altered	Unaltered
1 Year	\$13.00	\$26.00
2 Year	\$22.00	\$46.00
3 Year	\$29.00	\$59.00