



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	<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