



## City of Lodi Pet Licensing Application/Instructions

### Dogs:

1. Fill out application. Please include your physical address. This is required to license your pet.
2. Enclose your pet's valid rabies certificate (required). The rabies vaccine must be valid for the full term of the license requested.
3. License can be purchased for up to 3 years.

### Cats:

1. Fill out application. Please include your physical address. This is required to license your pet.
2. No vaccine information is required to license your cat.
3. License can be purchased for up to 3 years.

### Fees:

Altered		Unaltered	
1yr	\$10.00	1yr	\$ 50.00
2yrs	\$20.00	2yrs	\$100.00
3yrs	\$30.00	3yrs	\$150.00

Application may be mailed to PO Box 3006 Lodi CA 95241-1910. Please include rabies vaccination certificate (if required) and check or money order made payable to City of Lodi. If you have questions please call 333-6717.

### Application

Pet Name	_____	Owner name	_____
Check One	Dog          Cat	Address (Physical)	_____
Breed	_____	Address (Mailing)	_____
Age	_____	City, State, Zip	_____
Color	_____	Home phone #	_____
Color Pattern	_____	Other phone #	_____
Check One	Male          Female	Check One	Neutered          Spayed

#### Rabies Information (office use):

#### Payment Information (office use):

Tag #	Date	Check	Cash
Vaccination Date	Window	A	B C D M S
Vac. Expiration Date	Term	1 yr	2 yrs 3 yrs
Clinic	Fee	Penalties	
Phone	Total Fees		
	Total Fees All Pets		

## Pet 2

Pet Name \_\_\_\_\_ Owner name \_\_\_\_\_  
Check One Dog Cat Address (Physical) \_\_\_\_\_  
Breed \_\_\_\_\_ Address (Mailing) \_\_\_\_\_  
Age \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Color \_\_\_\_\_ Home phone # \_\_\_\_\_  
Color Pattern \_\_\_\_\_ Other phone # \_\_\_\_\_  
Check One Male Female Check One Neutered Spayed

Rabies Information (office use):

Payment Information (office use):

Tag #	Date	Check	Cash
Vaccination Date	Window	A B C D M S	
Vac. Expiration Date	Term	1 yr 2 yrs 3 yrs	
Clinic	Fee	Penalties	
Phone	Total fees		

## Pet 3

Pet Name \_\_\_\_\_ Owner name \_\_\_\_\_  
Check One Dog Cat Address (Physical) \_\_\_\_\_  
Breed \_\_\_\_\_ Address (Mailing) \_\_\_\_\_  
Age \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Color \_\_\_\_\_ Home phone # \_\_\_\_\_  
Color Pattern \_\_\_\_\_ Other phone # \_\_\_\_\_  
Check One Male Female Check One Neutered Spayed

Rabies Information (office use):

Payment Information (office use):

Tag #	Date	Check	Cash
Vaccination Date	Window	A B C D M S	
Vac. Expiration Date	Term	1 yr 2 yrs 3 yrs	
Clinic	Fee	Penalties	
Phone	Total fees		