



City of Lodi Pet Licensing Application/Instructions

Your license can be obtained at: Lodi Animal Services 1345 W. Kettleman Lane Lodi, CA 95242. Also an application may be mailed to 215 W. Elm St. Lodi, CA 95240. Please include rabies vaccination certificate (required), spay or neuter certificate if animal is fixed (required) and check or money order made payable to City of Lodi. If you have any questions please call (209)333-6741.

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 at least 6 months. Enclose your pet's spay or neuter certificate if dog is fixed (required).
3. License can be purchased up to 3 years, as long as the rabies vaccine is valid.

Cats:

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 at least 6 months. Enclose your pet's spay or neuter certificate if cat is fixed (required).
3. License can be purchased for up to 3 years, as long as the rabies vaccine is valid.

Fees:

Altered	Unaltered
<u>1yr</u> <u>\$10.00</u>	<u>1yr</u> <u>\$50.00</u>
<u>2yr</u> <u>\$20.00</u>	<u>2yr</u> <u>\$100.00</u>
<u>3yr</u> <u>\$30.00</u>	<u>3yr</u> <u>\$150.00</u>

Application

Pet Name _____
 Circle One Dog Cat
 Breed _____
 Age _____
 Color _____
 Coat/Tail _____
 Circle One Male Female

Owner Name _____
 Address (physical) _____
 Address (Mailing) _____
 City, State, Zip _____
 Home Phone # _____
 Other Phone # _____
 Circle One Neutered Spayed

Rabies Information (office use):

Payment Information (office use):

Tag #	Date	Check	Cash	DBT/CRDT
Vaccination Date	Term	1yr	2yr	3yr
Vac. Expiration Date	Fee	Penalties		
Clinic	Number of Pets			
Phone	Total Fees All Pets			
Microchip #				
License Renewal	New License			
Same Tag #	New Tag #	New Tag #		
Animal Code #	Receipt #			

Pet 2

Application

Pet Name _____
 Circle One Dog Cat
 Breed _____
 Age _____
 Color _____
 Coat/Tail _____
 Circle One Male Female

Owner Name _____
 Address (physical) _____
 Address (Mailing) _____
 City, State, Zip _____
 Home Phone # _____
 Other Phone # _____
 Circle One Neutered Spayed

Rabies Information (office use):

Payment Information (office use):

Tag #	Date	Check	Cash	DBT/CRDT
Vaccination Date	Term	1yr	2yr	3yr
Vac. Expiration Date	Fee	Penalties		
Clinic	Number of Pets			
Phone	Total Fees All Pets			
Microchip #				
License Renewal	New License			
Same Tag #	New Tag #	New Tag #		
Animal Code #	Receipt #			

Pet 3

Application

Pet Name _____
 Circle One Dog Cat
 Breed _____
 Age _____
 Color _____
 Coat/Tail _____
 Circle One Male Female

Owner Name _____
 Address (physical) _____
 Address (Mailing) _____
 City, State, Zip _____
 Home Phone # _____
 Other Phone # _____
 Circle One Neutered Spayed

Rabies Information (office use):

Payment Information (office use):

Tag #	Date	Check	Cash	DBT/CRDT
Vaccination Date	Term	1yr	2yr	3yr
Vac. Expiration Date	Fee	Penalties		
Clinic	Number of Pets			
Phone	Total Fees All Pets			
Microchip #				
License Renewal	New License			
Same Tag #	New Tag #	New Tag #		
Animal Code #	Receipt #			