

**CITY OF LAKEPORT  
POLICE DEPARTMENT  
Division of Animal Control**



License #: \_\_\_\_\_

**BRAD RASMUSSEN, CHIEF OF POLICE**

2025 SOUTH MAIN STREET  
LAKEPORT, CALIFORNIA  
95453

TELEPHONE 707 263-5491  
FAX 707 263-3846

E-MAIL [petlicensing@lakeportpolice.org](mailto:petlicensing@lakeportpolice.org)

**NEW PET LICENSE APPLICATION  
1 APPLICATION PER PET**

**OWNER INFORMATION:**

(Please make any necessary changes)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Lakeport, CA 95453

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**ANIMAL INFORMATION:**

Animal Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Primary Color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

Age: \_\_\_\_\_ Primary Breed: \_\_\_\_\_ Secondary Breed: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_ Vaccination Expires: \_\_\_\_\_  
(Copy of Vaccination Certificate must be attached if box is checked)

Spay/Neuter Date: \_\_\_\_\_  
(Copy of Spay/Neuter Certificate must be attached if box is checked)

Vet Clinic \_\_\_\_\_

Unaltered	\$50.00 _____	Unaltered Exempt	____\$25.00_____
Altered	\$10.00 _____	<input type="checkbox"/> Breeding/Hunting/Herding	
Replacement	\$ 5.00 _____	<input type="checkbox"/> Health	
Senior Citizen	\$ 5.00 _____	<input type="checkbox"/> AKC, Show, Resale	
Prorated	\$ _____	Service or Search & Rescue	____\$00.00____
from _____ to _____		<b>*Total</b>	\$ _____ (if received by March 31)

**\* A \$15.00 late fee will be applied if we don't receive your license fee by March 31 (Renewal only)**

All licenses are valid from January 1 through December 31.

All license tags are permanent.

All fees must be paid in **person** or **by mail** at City of Lakeport: 225 Park Street, Lakeport, CA, 95453

Please return this form with your payment. Make check payable to: **City of Lakeport**.

If paying in **cash**, please use **exact change**.

Official Use Only:

Clerk: \_\_\_\_\_ Date: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Previous License \_\_\_\_\_