

**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

RENEWAL/UPDATE PET LICENSE FORM

OWNER INFORMATION:

(Please make any necessary changes)

Name: _____ Phone #: _____

Physical Address: _____ Lakeport, CA 95453

Email Address: _____

Mailing Address: _____

PLEASE CHECK BELOW ALL APPLICABLE OPTIONS:

- Deceased No Longer Own Out of City Limits

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 _____		*Total	\$ _____ (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 _____