



**CITY OF AUBURN**  
 ADMINISTRATIVE SERVICES  
 1225 LINCOLN WAY, AUBURN, CA 95603  
 TEL: 530-823-4211, FAX: 530-885-5508

**TAG #** \_\_\_\_\_

**DOG LICENSE APPLICATION**  
 (City Limits Only)

***A copy of a valid rabies vaccination certificate through the desired license period is required at the time of submittal.***

Licenses may be purchased for up to 36 months (unless a dog is deemed potentially dangerous). Please complete the form below and return it with your check made payable to the City of Auburn: 1225 Lincoln Way, Room 1, Auburn, CA 95603.

**DOG OWNER /GUARDIANFORMATION (Please Print)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Auburn, CA 95603  
 Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION (If you are unavailable)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**VETERINARIAN INFORMATION**

Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone No. (include area): \_\_\_\_\_

**DOG LICENSE INFORMATION**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Description/Color: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

**(Please Check Appropriate Boxes)**

Sex:  Male  Female  
 Micro Chip:  Yes  No  
 Spayed/Neutered:  Yes  No (Certificate Required)

ACO Use Only	
Rabies Exp. Date: _____	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Not Approved	
By: _____	Date: _____

Has the dog ever been deemed potentially dangerous, dangerous, or vicious in the City of Auburn or been the subject of a similar determination in another jurisdiction?  Yes  No  
 If yes, where and when? \_\_\_\_\_  
 \_\_\_\_\_

Type of License	Annual Fee (All fees are non-refundable)		
	1 Year	2 Years	3 Years
<input type="checkbox"/> Unaltered Dog	\$12.00	\$24.00	\$36.00
<input type="checkbox"/> Altered Dog	\$6.00	\$12.00	\$18.00
<input type="checkbox"/> Fee Exemption	\$0	\$0	\$0

Certified service, seeing eye, companion, and Law Enforcement K9 dogs and Senior Citizens over 65 are exempt from fees, but licensing is required

Attach proof of certification. Enter Seniors date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

TOTAL AMOUNT ENCLOSED:  
 \$ \_\_\_\_\_

If you have any questions, call Licensing/Revenue Office at 530-823-4211 ext. 142 or Animal Control at ext. 211.

- Please attach a copy of a current rabies certificate.
- Verification of spay or neuter must be provided to receive the discount for a dog.
- A multi-year license can be purchased for a license period no longer than the expiration date of the rabies certificate.
- A \$10 late fee is added if an animal has been in the City of Auburn for more than 30 days and is over 6 months old.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I swear under penalty of perjury under the law of California that the information contained in this document is true and correct.*