MARICOPA COUNTY DOG LICENSE APPLICATION

In Maricopa County all dogs over the age of three months are required by law to be licensed and vaccinated against rabies. Application for license must be made within 15 days of vaccination. Residents new to Maricopa County and new dog owners must purchase a license within 30 days. The term of license is based on the month and day of the most current rabies vaccination on record and is valid for no more than one calendar year.

To obtain your license by mail remit this completed application, a copy of rabies vaccination certificate and your check made payable to Animal Care & Control to: Animal Care & Control, P.O. Box 2959, Phoenix, AZ 85062-2959.

Please print. Use black or blue ink only.

Your Information - Who owns this pet and where do you live?

Last Name		**First Name**					
Primary Phone		**Secondary Phone**		**Over 65?**	☐ *1. Yes*	☐	*2.No*
Street Address PO Box				**Apt #**			
City		**State**		**Zip Code**			
Email Address							

Your Pet's Information - What is the pet's name, breed, age…….? (Your veterinarian can assist you with this portion)

Pet's Name				**Breed**			
Age of Pet (Yrs/Mnths Old)		Yrs		Months	**Micro Chip #**		
Sex:	☐ *1.Neutered*	☐	*2.Spayed*	☐	3.Unaltered Male	☐	4.Unaltered Female
Primary Color		**Secondary Color**			**TriColor Black/Brown/White**	☐	

Your Payment Information – How much is this going to cost me?

Type of Charges	**Indicate the Amount You're Paying**
License Fees: ☐ **Altered Dog (Spayed/Neutered):** 22.00 ☐ **Unaltered Dog (Male or Female):** 55.00 ☐ **65 Years Old or Older:** $10.00 (Altered Dog Only)	$ 0.00
Penalty/Late: **Calculation Table:** $3.00 Per Month Altered Dog 3.00 X _____ (NO OF MONTHS) = _____ $ 0.00 $6.00 Per Month Unaltered Dog 6.00 X _____ (NO OF MONTHS) = _____ $ 0.00	$ 0.00
Voluntary donation of to save more pets lives:	$
Your Total Cost (Enclosed Payment):	$ 0.00

I swear or affirm that the information contained above is true and that I am 18 years old or older and that I am owner of the dog referenced in this document:

Signature:		***Date:***	

PLEASE REMEMBER TO SUBMIT A CURRENT RABIES VACCINATION CERTIFICATE WITH THIS APPLICATION AND PAYMENT. NOTE: IF THE APPLICATION IS NOT SIGNED, PROCESSING WILL BE DELAYED.