

[Note use of the term "guardian"]



Office of the Treasurer & Tax Collector
Property Tax / License Division
City And County Of San Francisco

#1 Dr. Carlton B. Goodlett Place, City Hall, Room 110, San Francisco, CA 94102
Mailing Address: P.O. Box 7426, San Francisco, CA 94120-7426
Phone Number: (415) 554-6449

SUSAN LEAL
Treasurer Tax

GEORGE PUTRIS
Administrator

DOG LICENSE APPLICATION

- All applications require a copy of the rabies vaccination certificate showing it to be valid through the license period be attached to the application when filed.
- Licenses may be purchased for a period up to 36 months.
- Please complete the form below and return it, along with your check made payable to the San Francisco Tax Collector, in the envelope provided or mail to: SF Tax Collector - P.O. Box 7426, SF, CA 94102

DOG OWNER / GUARDIAN INFORMATION [Please Print]

First Name: _____ Last Name: _____

Street Address: _____ San Francisco, CA 941 _____

Home Phone: _____ Day Phone: _____

Check if Senior Citizen over 65 (proof required)*

DOG LICENSE INFORMATION

Dog's Name: _____ Breed: _____

Description / Color: _____ Birth date: _____

(check appropriate box)

SEX: Male Female

Spayed/Neutered: Yes (certificate required) No

TYPE OF LICENSE

ANNUAL FEE

	<u>1 YEAR</u>	<u>2 YEARS</u>	<u>3 YEARS</u>
Unaltered dog*	\$24.00	\$45.00	\$66.00
Altered dog*	\$12.00	\$21.00	\$30.00
Senior Citizen - Unaltered dog*	\$12.00	\$22.00	\$33.00
Senior Citizen - Altered dog*	\$ 8.00	\$14.00	\$20.00

TOTAL AMOUNT ENCLOSED: \$ _____ (All fees are non refundable)

*Please note that the fees are different if the dog has been spayed or neutered (certificate required), and that there is a separate rate for senior citizen owners/guardians (proof of age required). Write a check made payable to the San Francisco Tax Collector.

Signature: _____ Date: _____