

DATE: \_\_\_\_\_

**CITY OF HAWTHORNE**  
**DEPARTMENT OF LICENSING**  
**& CODE ENFORCEMENT**  
4455 W. 126<sup>TH</sup> Street  
Hawthorne, CA 90250  
(310) 349-2952

ACCT. # \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

LIC. # \_\_\_\_\_

**PET LICENSE APPLICATION / RENEWAL**

**OWNER INFORMATION:**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

City, State & Zip \_\_\_\_\_ DRIVERS LIC. #: \_\_\_\_\_

**PET INFORMATION:**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ PUREBRED: \_\_\_\_\_ MIXED BREED: \_\_\_\_\_

PRIMARY BREED: \_\_\_\_\_ SECONDARY BREED: \_\_\_\_\_

MALE \_\_\_\_\_ NEUTERED? YES \_\_\_\_\_ NO \_\_\_\_\_

**CERTIFICATE OF STERILITY (OR COPY)  
MUST BE SUBMITTED**

FEMALE \_\_\_\_\_ SPAYED? YES \_\_\_\_\_ NO \_\_\_\_\_

PRIMARY COLOR \_\_\_\_\_ SECONDARY COLOR \_\_\_\_\_ COLOR PATTERN \_\_\_\_\_

VACCINATION DATE: \_\_\_\_\_ VACCINATION EXPIRATION DATE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**STATE LAW REQUIRES ALL DOGS OVER THE AGE OF 4 MONTHS TO BE LICENSED ANNUALLY  
AND TO HAVE A RABIES VACCINATION VALID FOR THE ENTIRE LICENSING PERIOD.**

FEES ARE NOT TRANSFERABLE AND ALL LICENSES EXPIRE ON JUNE 30<sup>TH</sup> OF EACH YEAR.  
DELINQUENCY FEE IS \$5.00 PER MONTH PER DOG TO A MAXIMUM OF \$30.00

**LICENSE FEE SCHEDULE:**

UNALTERED	\$ 54.00	
ALTERED	\$ 21.00	(CERTIFICATE OF STERILITY (OR A COPY) MUST BE SUBMITTED)
SENIOR CITIZEN (Altered)	\$ 7.50	(PROOF OF AGE MUST BE SUBMITTED FOR DISCOUNT (OVER AGE 62) IN ADDITION TO PROOF OF STERILITY)

ANNUAL LICENSE FEE \$ \_\_\_\_\_

PENALTY FEE \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_