

PET LICENSE APPLICATION FOR QUALIFYING LOW-INCOME RESIDENTS



FRONT STREET ANIMAL SHELTER2127 FRONT STREET SACRAMENTO CA 95818

OWNER INFORMATION								
First Name Last Name						Qualifications for a Free 1-Year License		
Address						If you participate in one of the listed below <u>AND</u> your dog or ca or neutered, you may receive a li	it is spayed	
City		Z	lip Code			of-charge for one (1) year.		
						AT&T Lifeline		
Phone Phone						PG&E Assistance Program		
						SMUD Assistance Program	n	
Email						City Utility Rate Assistanc	e Program	
	P	ET INFO	ORMATIO)N		Submit a copy of the following do (Note: Paperwork will <u>NOT</u> be retu		
PET #1	Breed			Sex				
DOG					☐ Spayed	 Most-recent proof of particle one of the programs listed 		
☐ CAT					☐ Neutered			
Pet's Name Color				Weight	Age / Birthdate	 Proof of your pet's current vaccination 	i rabies	
Rabies Vaccination Date Rabies Ex			Rabies Expiration	Expiration Date		Proof of spay or neuter (such as a certificate of spay/neuter or any document from your current vet)		
PET #2	Breed			Sex				
□ DOG					Spayed	Mail varia annication and decir		
CAT					☐ Neutered	Mail your application and docu		
Pet's Name	t's Name Color			Weight	Age / Birthdate	Front Street Animal Shelter 2127 Front Street Sacramento, CA 95818		
Rabies Vaccination [Date		Rabies Expiration	Date				
PET #3	Breed		-	Sex	☐ Spayed	PET #1 LICENSE FEE	FREE	
CAT					☐ Neutered	PET #2 LICENSE FEE	FREE	
Pet's Name		Color		Weight	Age / Birthdate	PET #3 LICENSE FEE	FREE	
Rabies Vaccination [Date		Rabies Expiration	Date	1	TOTAL AMOUNT	FREE	