

## **SHOW ANIMAL LICENSE APPLICATION**

## **FRONT STREET ANIMAL SHELTER** 2127 FRONT STREET SACRAMENTO CA 95818



| OWNER INFORMATION                      |                  |  |                        |                                       |                    | ANNUAL LICENSE FEE  |           |  |
|--|------------------|--|------------------------|---------------------------------------|--------------------|---|-----------|--|
| First Name Last Name                   |                  |  |                        |                                       |                    | FOR A SHOW ANIMAL   | \$50      |  |
| Address                                |                  |  |                        |                                       |                    |   |           |  |
|  |                  |  |                        |                                       |                    | Qualifications for a Show Animal License:                                     |           |  |
| City                                   |                  |  |                        |                                       |                    | <ul> <li>Registration with a national animal<br/>registry</li> </ul>          |           |  |
| Phone Phone                            |                  |  |                        |                                       |                    | Participation in at least 1 sanctioned event within the last 12 months        |           |  |
|  |                  |  |                        |                                       |                    | Animal cannot be bred during the period of the license                        |           |  |
| Email                                  |                  |  |                        |                                       |                    | ·   |           |  |
|  |                  |  |                        |                                       |                    | Submit a copy of the following documents:                                     |           |  |
| PET INFORMATION                        |                  |  |                        |                                       |                    | (Note: Paperwork will NOT be returned)  |           |  |
| PET #1                                 | Breed            |  |                        | Sex                                   | Chaved             | National Animal Registry     Show Event Registration                          |           |  |
| □ DOG                                  |                  |  |                        |                                       | Spayed Neutered    | Show Event Registration  Proof of Current Behing Vacant                       | la atla a |  |
| CAT                                    |                  |  |                        |                                       |                    | Proof of Current Rabies Vaccination  Proof of Space of Newton (formal action) |           |  |
| Pet's Name Color                       |                  |  |                        | Weight                                | Age / Birthdate    | Proof of Spay or Neuter (if app   | olicable) |  |
| Rabies Vaccination Date Rabies Expira  |                  |  |                        | I I I I I I I I I I I I I I I I I I I |                    | Mail your application and documents to:                                       |           |  |
|  | T = .            |  |                        |                                       |                    | Front Street Animal She   |           |  |
| PET #2                                 |                  |  |                        | Sex Spay                              |                    | 2127 Front Street   |           |  |
| DOG CAT                                |                  |  |                        |                                       | Neutered           | Sacramento, CA 95818  |           |  |
| Pet's Name                             | Pet's Name Color |  |                        | Weight                                | Age / Birthdate    |   |           |  |
|  |                  |  |                        |                                       |                    | Check or money order payab  | le to:    |  |
| Rabies Vaccination Date Rabies Expirat |                  |  | Rabies Expiration I    | on Date                               |                    | City of Sacramento  |           |  |
|  |                  |  |                        |                                       |                    |   |           |  |
| PET #3  DOG  Breed                     |                  |  | Sex                    | ☐ Spayed                              | PET #1 LICENSE FEE | \$  |           |  |
| CAT                                    |                  |  |                        |                                       | ☐ Neutered         | PET #2 LICENSE FEE  | \$        |  |
| Pet's Name Color                       |                  |  | Weight                 | Age / Birthdate                       | PET #3 LICENSE FEE | \$  |           |  |
| Rabies Vaccination Date                |                  |  | Rabies Expiration Date |                                       | •                  |   |           |  |
|  |                  |  |                        |                                       |                    | TOTAL ENCLOSED  | \$        |  |