



DOG LICENSE APPLICATION

MARIN COUNTY ANIMAL SERVICES

171 Bel Marin Keys Blvd.
Novato, CA 94949
415.883.4621, ext. 220
MarinHumaneSociety.org

Complete this form and submit with:

A copy of your dog's current rabies vaccination (required).

A copy of veterinary records proving that your dog has been spayed or neutered.

A check made out to MCAS, or credit card information (see below).

To license online or for more information, visit MarinHumaneSociety.org or call 415.883.4621

Fees

If your dog's rabies revaccination due date is in:

One year or less:

Spayed/Neutered dogs \$19
Senior or disabled guardian \$15

Not spayed/neutered dogs \$50
Senior or disabled guardian \$38

Up to two years:

Spayed/Neutered dogs \$26
Senior or disabled guardian \$20

Not spayed/neutered dogs \$59
Senior or disabled guardian \$45

Up to three years:

Spayed/Neutered dogs \$35
Senior or disabled guardian \$27

Not spayed/neutered dogs \$80
Senior or disabled guardian \$60



Did You Know?

- All dogs are required to be vaccinated against rabies and licensed. **Failure to license may result in a citation and fine.**
- A license term *cannot* be longer than the rabies vaccination expiration date.
- Guardians who are 62 years or older, or who are disabled, qualify for a discount.
- A new tag will NOT be issued for each license renewal. If a tag is lost, a replacement tag may be purchased for \$10.
- Licenses are not transferrable.
- If you move*, please update your information with our office.

Guardian Information – must be 18 years or older

Name (First, MI, Last)

Co-Owner

Street Address (required)

City Zip

Mailing Address (if different) City Zip

Home Phone Work Phone

Cell Phone Cell Phone

Email Address(es)

Dog Information

Name Birthday or Age

Breed or Best Guess Color

Sex Female Spayed or Neutered? Yes
Male (Proof Required) No

Microchip Number Brand (if known)

Rabies Vaccination Information – Required

Vet Hospital or Clinic Rabies Vaccination Date

Producer/Mfg Revaccination Due Date
Lot/Serial No

Payment Information – Make Checks payable to MCAS

Visa, American Express, Mastercard No. Exp Date CVC

Signature

Office Use Only

License No Shelterbuddy No

Amount Rec'd \$ _____ Cash _____ Check _____ Credit _____