



LA HABRA ANIMAL LICENSE APPLICATION

(562) 383-4355

All dogs **4 months of age and older** must be licensed **within 30 days** of coming into the city.

Note: New applicants should apply in person at La Habra Police Department

Submit a completed application with the following:

- Current Valid (California) Rabies Vaccination Certificate (Please no invoices or health records).
If rabies vacc. does not cover a full year licensing period, then the licensing period will expire same time as rabies.
- Spay/Neuter Certificate (To qualify for altered dog rates).
- Service Animal Certificate (if applicable) Must also fill out a "Service Animal" application form.
- Senior Citizen's Discount - must be **62+** years of age and provide copy of valid ID card for proof of age.

Term

Fee Schedule:

| | | | | |
|----------------|-----------------------------|--------------------------|----------------------------|-------------------------|
| 1 year | Unaltered License: \$90.00 | Altered License: \$28.00 | Senior/Unaltered: \$45.00 | Senior/Altered: \$14.00 |
| 2 years | Unaltered License: \$180.00 | Altered License: \$56.00 | Senior/Unaltered: \$90.00 | Senior/Altered: \$28.00 |
| 3 years | Unaltered License: \$270.00 | Altered License: \$84.00 | Senior/Unaltered: \$135.00 | Senior/Altered: \$42.00 |

All late payments are assessed a 50% late charge.

Mail or walk-in your application & necessary certificates and make check payable to: **"City of La Habra"**
La Habra Police Department (Animal Control), 150 N. Euclid St. La Habra, CA 90631

Please Print

ANIMAL INFORMATION:

Pet Name: _____ Dog Cat Sex: Male Neutered Female Spayed

Age/Date of Birth: _____ Primary Breed: _____ Secondary Breed: _____

Color(s): _____ Microchip Number _____

Service Animal? Yes No Type of Service: Police Other: _____

OWNER INFORMATION

Name: _____ Email Address: _____ (optional)

Address: _____ Unit# _____ La Habra, CA 90631

Cell/Home Phone: _____ Work Phone: _____ Ext. _____

Senior Discount (Provide copy of ID or Driver's License card, must show current address on card)

Senior Discount: DOB: _____ DL/ID Number: _____

LICENSE PAYMENT INFORMATION:

Select License Term: 1 year 2 year 3 year

*The rabies vaccination must be effective from the time you submit this application, up to one year.
If not, the licensing period will expire the same month as rabies and you will relicense (pay again) at that time.*

Select License Type(s): Altered License Unaltered License Senior/Altered Senior/Unaltered

Amount Enclosed: \$ _____ Cash Check# _____ Credit Card
(Once fees are remitted, there are no refunds) (VISA or MASTERCARD)

Credit Card payments are accepted at the La Habra Police Department or online

<https://www.lahabracity.com/1361/Online-Payment>

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FOR OFFICE USE ONLY

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VACCINATION INFORMATION

Vaccination Date: _____ Expires: _____ Vaccine: _____ Lot# _____

Vet/Clinic: _____ Exemption Held Letter _____