



City of Grand Terrace  
 22795 Barton Road  
 Grand Terrace, CA 92313  
 (909) 824-6621

*Animal License Registration*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Alternate \_\_\_\_\_

Pet Name: \_\_\_\_\_ New License:  Renewal:  Tag #: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered:  Yes  No Veterinarian: \_\_\_\_\_

**Fee Schedule per Dog:**

Rabies Vaccine Verification: Veterinarian: \_\_\_\_\_ Expiration: \_\_\_\_\_

<p><b><u>Altered Dog:</u></b>      <i>Expiration:</i></p> <p><input type="checkbox"/> \$ 15 - One Year _____</p> <p><input type="checkbox"/> \$ 28 - Two Years _____</p> <p><input type="checkbox"/> \$ 40 - Three Years _____</p> <p><b><u>Unaltered Dog:</u></b></p> <p><input type="checkbox"/> \$ 60 - One Year _____</p> <p><input type="checkbox"/> \$ 120 - Two Years _____</p> <p><input type="checkbox"/> \$ 180 - Three Years _____</p> <p><b>Multi year license cannot be issued for rabies vaccination dates that expire before the license.</b></p>	<p><b><u>Senior/Disable</u></b></p> <p><b><i>Altered Dog Only:</i></b>      <i>Expiration:</i></p> <p><input type="checkbox"/> \$ 9 - One Year _____</p> <p><input type="checkbox"/> \$ 18 - Two Years _____</p> <p><input type="checkbox"/> \$ 27 - Three Years _____</p> <p><b>Seniors &amp; Disabled citizens must provide proof of age over 65 or proof of permanent disability</b></p>	<p><b><u>Rabies Vaccine Verification:</u></b></p> <p><input type="checkbox"/> \$10 Animal Clinic        _____ 1 Year Vaccine Serial # _____</p> <p>_____ 3 Year Vaccine Serial # _____</p> <p><b><u>Avid Chip</u></b></p> <p><input type="checkbox"/> \$ 20 – Implant # _____</p> <p><b><u>Dog Tag Replacement</u></b></p> <p><input type="checkbox"/> \$ 3</p> <p>Old Tag # _____ New Tag # _____</p>
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**\* Please make checks payable to the City of Grand Terrace \***

Total Amount Due: \$ \_\_\_\_\_  Cash  Check #: \_\_\_\_\_  Credit Card \_\_\_\_\_

**CITY USE ONLY** Received By: \_\_\_\_\_ Date: \_\_\_\_\_