

CITY OF LAWDALE NEW PET LICENSE APPLICATION

Pet Owner Information

Last Name _____ First Name _____

Address _____ Apt/ Suite _____

City _____ State _____ Zip _____

Phone _____ Email _____ DOB _____

Mailing address (if different from above) _____

Pet Information

Pet Name _____ Species _____ Gender _____

Pet DOB _____ Age _____

Primary Color _____ Secondary Color _____

Primary Breed _____ Secondary Breed _____

Spay or Neuter Date _____ Rabies Vaccination Date _____

Microchip # _____ Rabies Duration 12 Mos. 36 Mos.

Please print and return this sheet with a check or money order for the total license fee to the address below. In addition, **please provide a photocopy of the current rabies certificate and a photocopy of the spay or neuter certificate to take advantage of the reduced license rate. If applying for a senior citizen discount, please send proof of age.**

Please make check payable to:

City Of Lawndale
Attention: Pet License Application
14717 Burin Avenue
Lawndale, CA 90260

All licenses expire one year from the date of issuance.
For pricing please check the city website or contact our office at 310-973-3220.

OFFICE USE ONLY

Processed by _____ Date _____ License Number Issued _____