



DOG LICENSE REGISTRATION

All dogs over 4 months of age are required to be licensed in the City of Wasco. A dog license is valid from the DATE OF RABIES VACCINATION, for a period of 12 months (or up to 36 months if purchased in advance, through Rabies Vaccination expiration date). You may obtain a dog license in person at the City of Wasco Finance Department, 764 E St, Wasco, CA 93280. We recommend that you call ahead to verify hours open. (661-758-7230). The hours can also be found on our web site www.ci.wasco.ca.us.

TO OBTAIN A DOG LICENSE, bring with you:

- 1) This form Completed.
- 2) A copy of a current valid Rabies Vaccination Certificate (originals will not be returned).
- 3) Fee – Cash, Credit/Debit, make checks payable to “City of Wasco”.
- 4) A copy of Spay or Neuter Certificate, if applicable (originals will not be returned).

Every owner of a dog over the age of four months in the incorporated areas of the City shall pay the applicable dog licensing fee for the license interval as set forth below.

License Fee

Natural dog over 1 year	Altered (Spayed/Neutered) dog over 1 year	Dogs Under 1 Year (Valid for 1 year)
1 Year \$60.00	1 Year \$15.00	Natural Dog – \$30.00
2 Year \$110.00	2 Year \$25.00	Altered Dog – \$15.00
3 Year \$160.00	3 Year \$40.00	

If your dog license is lost, you may obtain a replacement tag for \$5.00.

LICENSE YOUR DOG WITHIN 30 DAYS AFTER:

- Your dog becomes 4 months old.
- You acquire your dog (dog is over 4 months old). Dog licenses (tags) are not transferable.
- You and your dog move here from out of town (call 661-758-7230 for details)
- After 30 days there is a late fee of \$10.00.

If you move, you no longer own the dog (licenses are not transferable), or your dog is deceased, please call us at 661-758-7230, fax us at 661-758-7239 or mail us a note with your name, dog license tag number(s), old and new addresses and telephone numbers to 764 E St, Wasco, CA 93280 so that we can update our records. Please include your license number for quicker processing.

<p>Owner Information</p> <p>Owner Name: _____</p> <p>Phone: (____) _____</p> <p>Cell: (____) _____</p> <p>Home Address: _____</p> <p>City: _____ State: _____ Zip code: _____</p>
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<p>Dog's Information</p> <p>Name: _____ Age: _____</p> <p>Sex: _____ Color: _____</p> <p>Breed: _____</p> <p>Is your dog Rabies Vaccinated? _____</p> <p>Is the dog spayed or neutered? _____</p>
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<p>FOR STAFF USE ONLY: License Type: _____ License Number: _____ Date: _____</p>
