

City of Philadelphia Dog License Application



Owner First Name: _____ Owner Last Name: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Please provide detailed contact information so that we may locate you in the event your dog is found.

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alternate Phone: _____

Email Address: _____

Alternate Contact Name (optional): _____ Phone: _____

Dog information (please use a separate form for each dog owner)

Dog's Name: _____ Mixed Breed: Yes No

Primary Breed: _____ Secondary Breed (if applicable): _____

Age or Birthdate: _____ Gender: Male Female Spayed/ Neutered: Yes No

Size: Small Medium Large Extra Large Weight (if known): _____

Primary Color: _____ Secondary Color: _____

Microchip Number: _____ Microchip Manufacturer (if known): _____

Vaccine Information

Rabies Tag #: _____ Vaccination Expiration Date: _____

Name of Veterinarian, hospital, or clinic: _____

Annual License Fees

Standard License Fees (select one):

Unaltered(intact, not spayed or neutered) Dog \$40.00

Spayed/Neutered Dog \$16.00

Senior Citizen (age 65+) Discounted Fees

Unaltered(intact, not spayed or neutered) Dog \$20.00

Spayed/Neutered Dog \$8.00

Total Amount Paid = \$ _____

Make checks payable to: ACCT Philly