

RABIES VACCINATION CERTIFICATE AND DOG LICENSE APPLICATION FORM			CITY OF NATIONAL CITY DEPARTMENT OF FINANCE 1243 National City Blvd., National City, CA 91950		(619)336-4330	TAG #																								
BREED OF DOG	COLOR OF DOG	SEX	NAME OF DOG	NEW LICENSE EXP. DATE	LICENSE EXPIRES																									
DATE DOG ACQUIRED	DATE DOG ENTERED CITY	DATE BORN	CURRENT AGE	EXEMPT LICENSE	TOTAL LICENSE FEE																									
VACCINATING VETERINARIAN SIGNATURE		MODIFIED LIVE VACCINE - MFG. + LOT #		DATE VACCINATED	VACCINE EXPIRES																									
VACCINATING VETERINARIAN PRINTED NAME			ADDRESS	PHONE #	<table border="1"> <thead> <tr> <th></th> <th>TYPE</th> <th>UNALTERED</th> <th>ALTERED</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1 YEAR</td> <td>\$13.00</td> <td>\$13.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2 YEARS</td> <td>\$13.00</td> <td>\$13.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3 YEARS</td> <td>\$13.00</td> <td>\$13.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Admin Fee</td> <td>\$17.50</td> <td>\$17.50</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Replacement Tag</td> <td>\$13.00</td> <td>\$13.00</td> </tr> </tbody> </table>			TYPE	UNALTERED	ALTERED	<input type="checkbox"/>	1 YEAR	\$13.00	\$13.00	<input type="checkbox"/>	2 YEARS	\$13.00	\$13.00	<input type="checkbox"/>	3 YEARS	\$13.00	\$13.00	<input type="checkbox"/>	Admin Fee	\$17.50	\$17.50	<input type="checkbox"/>	Replacement Tag	\$13.00	\$13.00
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ALTERING VETERINARIAN SIGNATURE AND PHONE #			ADDRESS	DATE OF ALTER	<input type="checkbox"/> I AM NO LONGER A RESIDENT OF NATIONAL CITY <input type="checkbox"/> I NO LONGER OWN THIS DOG <input type="checkbox"/> THIS DOG IS DECEASED																									
OWNER'S NAME _____			OWNER'S SIGNATURE																											
ADDRESS _____ APT. NO. _____																														
CITY _____ STATE _____ ZIP CODE _____																														
HOME PHONE # _____ ADDITIONAL PHONE # _____																														