

Richmond City Pet License Application

Richmond Animal Care & Control
1600 Chamberlayne Ave.
Richmond, VA 23222

Pursuant to city code Sec. 4-365 & 4-185 both cats and dogs 4 months of age or older that reside in the City of Richmond are required to have a current rabies vaccination and city license. Licenses are to be purchased by January 31st of the current year and expire December 31st.

City licenses cost \$10 per cat/dog. RACC accepts payment in the form of Check, Cash, Money order (payable to the City of Richmond), Visa or Master card. If paying by credit card please include the card information below.

If you would like to make a donation to support homeless animals in the City of Richmond please make a separate payment available to Richmond Animal Welfare Foundation or visit <http://www.richmondgov.com/AnimalControl/Donate.aspx>.

All funds collected from pet licensing fees go directly to Richmond Animal Care & Control in support and care of homeless animals in need.

Payment: Amount Enclosed: \$ _____

Check #: _____ Card Cash Money Order:

Visa or Master EXP Date: ___/___/___ Card#: _____ - _____ - _____ CVV code: _____

Owner's Name: _____

Address: _____ Apt# _____ Richmond, VA _____

Phone number: Cell (_____) _____ - _____ Other(_____) _____ - _____

Secondary contact Name: _____ Number: (_____) _____ - _____

E-Mail: _____ Would you like to receive our news letter? Yes or No

PLEASE ATTACH A COPY OF YOUR ANIMALS RABIES CERTIFIC IN ORDER FOR US TO PROCESS YOUR CITY LICENSE

*For more than one animal, please fill out multiple animal information spots. If you have more animals than spots available please feel free to copy the back page.

of Animals: _____

Dog or Cat Pet's Name: _____ Sex: F M Spay/Neuter: Yes No

Breed: _____ Mixed: Yes No Animals Age or DOB: _____

Animal Color/ description: _____

Animal's Microchip Number: _____ Provider: _____

Vet clinic name who administered rabies vaccination: _____

Vet clinic's Phone Number: _____ Rabies Tag Number: _____

Date Rabies administered: ___/___/___ Date Rabies Expires: ___/___/___

Dog or Cat Pet's Name: _____ Sex: F M Spay/Neuter: Yes No
Breed: _____ Mixed: Yes No Animals Age or DOB: _____
Animal Color/ description: _____
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Vet clinic name who administered rabies vaccination: _____
Vet clinic's Phone Number: _____ Rabies Tag Number: _____
Date Rabies administered: ____/____/____ Date Rabies Expires: ____/____/____

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