



Maricopa County Animal Care & Control

Licensing Division
P.O. Box 2959
Phoenix, AZ 85062
(602) 506-7387
pets.maricopa.gov

DOG LICENSE APPLICATION

In Maricopa County all dogs over the age of three months are required by law to be licensed and vaccinated against rabies. Application for license must be made within 15 days of vaccination. Residents new to Maricopa County and new dog owners must purchase a dog license within 30 days. **The term of the license is based on the month and day of the most current rabies vaccination on record and is valid for no more than one calendar year.**

<u>LICENSE FEES</u>	
Altered Dog (Spayed/Neutered).....	\$17.00
Unaltered Dog.....	\$42.00
Senior Citizen age 65 or older; for Altered Dog(s) with a limit of two (2) dogs per household (see bottom of application)*.....	\$6.00
Late applications will be assessed a monthly penalty as follows:	
Altered Dog (Spayed/Neutered) at \$2.00 per month.	
Unaltered Dog at \$4.00 per month.	

To obtain your license online (Visa, MasterCard or American Express) please make sure that you have your dog's current rabies vaccination certificate and credit card in front of you and go to <http://www.maricopa.gov/Pets/License/Online.aspx>

To obtain your license by mail remit this completed application, a copy of the rabies vaccination certificate (*Note: receipts for vaccination are not acceptable for proof of vaccination and will delay the license application process*), and your check made payable to Animal Care & Control to: Animal Care & Control, P.O. Box 2959, Phoenix, AZ 85062-2959

OWNER INFORMATION

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone #: () _____ Message Phone #: () _____

If New Resident of Maricopa County, Date of Residence: ___/___/___ Date of Ownership of dog listed below: ___/___/___

DOG INFORMATION

Dog Name: _____

Breed: _____

Sex (Check One): Neutered* Spayed* Unaltered Male Unaltered Female
*see bottom of application

Color: _____ Age: _____ Microchip Number: _____

License Fee:.....\$	_____
Penalty (If applicable):.....\$	_____
I would like to give a voluntary donation of ..\$	_____
to save more pets lives	
TOTAL ENCLOSED:.....\$	_____

(Note: If you are renewing your dog's license, please use your pre-printed renewal form to prevent delays in your application.)

Check box that applies and sign:

For Senior Tag: I swear or affirm that I am 65 years of age or older and that the dog referenced in this document is sterilized and that I am the owner of the dog referenced in this document.

For Spay or Neuter: I swear or affirm that the dog referenced in this document is sterilized and that I am the owner of the dog referenced in this document.

Signature: _____