CITY OF DELANO

1015 Eleventh Avenue
P.O. Box 3010
Delano, CA 93216

Phone: (661) 721-3310
Fax: (661) 721-3314
www.delano-ca.org

DOG LICENSE FORM

Owner's Name: _____ Dog's Name: _____

Address: _____ Male: ☐ Female: ☐

Phone: _____ Breed: _____ Age: _____ Color: _____

For City Use Only

Today's Date: _____ License Number: _____

Date Vaccinated: _____ Expiration Date: _____

Date Vac. Expires: _____ Amount Paid: _____

SPAYED OR NEUTERED

1 Year	☐	$40.00
2 Years	☐	$60.00
3 Years	☐	$75.00

REGULAR / UNFIXED DOG

1 Year	☐	$80.00
2 Years	☐	$160.00
3 Year	☐	$240.00