



# 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.*

### LICENSE FEES

Altered Dog (Spayed/Neutered) ..... \$16.00  
Unaltered Dog ..... \$40.00  
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 monthly penalty fees as follows:**

Altered Dog (Spayed/Neutered) at \$2.00 per month.  
Unaltered Dog at \$4.00 per month.

To obtain your license mail this **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 #: ( ) \_\_\_\_\_

### DOG INFORMATION

Dog Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex (Check One):  Neutered\*  Spayed\*  Unaltered Male  Unaltered Female  
\*see bottom of application  
Color: \_\_\_\_\_ Age: \_\_\_\_\_ Microchip Number: \_\_\_\_\_  
Prior License Number (The tag your dog has now): \_\_\_\_\_  
*(Note: If you are renewing your dog's license, please use your pre-printed renewal form to prevent delays in your application.)*

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

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: \_\_\_\_\_