

Animal Name:

PIMA ANIMAL CARE CENTER ANIMAL LICENSE APPLICATION FORM

Please fill out one form per animalFIELDS IN RED ARE REQUIRED FOR PROCESSING

If you have problems trying to license online or have questions regarding the process, please contact us at (520) 724-5969 Monday through Saturday 8am to 5pm or by email at licensingpacc@pima.gov.

Male	Female	Altered: Yes	(attach pr	roof)	
Age : Date of Birth	ı	OR	years	months	
Color:		Breed:			
Service Dog: Yes	: (att	ach proof)			
Owner Name:					
Physical Addres (within Pima County where lic					
City:			State: AZ	Zip Code:	
Mailing Address (if different from above)	:				
City:			State:	Zip Code:	
Telephone Number(s): Primary:			Seco	Secondary:	
Email Address:					
	_	_		clude them with this form.	
See our Fees page f	or discount	eligibility require	ements.		
			Select one of the following discount types that is the best option for you:		
Rabies Rabies	vaccination	*	Senior d	liscount (age 65 or older)	
Alteration		**	Disabled discount		
Service dog		*	Low income discount		
		cc@pima.gov)0R F			

When this form and the necessary attachments have been processed, PACC Licensing will send you the login information you will need to purchase your new license online.