

**CONTRA COSTSA COUNTY ANIMAL SERVICES
ASSISTANCE DOG LICENSE APPLICATION**

OWNER INFORMATION

Name: _____ C.D.L./C.I.D. _____

Address: _____ Phone: (____) _____
Street City State Zip

TRAINER INFORMATION

Name/Organization: _____

Address: _____ Phone: (____) _____
Street City State Zip

ASSISTANCE DOG INFORMATION

_____	_____	_____
Dog's Name	Breed	Color
Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>	_____	_____
	Age	Microchip #
	CCC Dog License #	

I certify that this dog is a guide dog signal dog* service dog* as defined by state law, or is in training to be qualified as such.

**If a signal dog or service dog, you are required to complete the back of this application.*

“Guide dog” means any guide dog or Seeing Eye dog that was trained by a person licensed under Chapter 9.5 (commencing with Section 7200 of Division 3) of the Business and Professions Code or that meets the definitional criteria under federal regulations adopted to implement Title III of the Americans with Disabilities Act of 1990 (Public Law 101-336).

“Signal dog” means any dog trained to alert a deaf person, or a person whose hearing is impaired, to intruders or sounds.

“Service dog” means any dog individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, minimal protection work, rescue work, pulling a wheelchair, or fetching dropped items.

NOTE: Food And Agricultural Code Section 30850 (c) requires that “upon the death or retirement of an assistance dog, the owner or person in possession of the assistance dog identification tag shall immediately return the tag to the county clerk or animal control department that issued the tag”.

By affixing my signature to this affidavit, I hereby declare I fully understand that Section 365.7 of the Penal Code prohibits any person to knowingly and fraudulently represent himself or herself, through verbal or written notice, to be the owner (authorized user) or trainer of any canine licensed as, to be qualified as, or identified as, a guide dog, signal dog, or service dog, as defined in subdivisions (d), (e), and (f), respectively, of Section 365.5 of the Penal Code and paragraph (6) of subdivision (b) of Section 54.1 of the Civil Code, and that a violation of Section 365.7 of the Penal Code is a misdemeanor, punishable by imprisonment in a county jail not exceeding six months, by a fine not exceeding One Thousand Dollars (\$1,000), or by both that imprisonment and fine.

I declare under penalty of perjury, under the laws of the State of California, that the information provided on this application is true and correct.

Signature

Date

OFFICE USE ONLY

Processed by: _____ Date: _____ Assistance Tag # _____

SIGNAL DOG / SERVICE DOG

My dog is specifically trained to perform the following function or functions to assist me: (please list **ALL** primary functions the dog is trained to perform below.)

OR

This dog is in training to perform a function or functions to assist me, or another person with a disability as defined by law. I certify that **training has progressed beyond basic obedience** to the following specific functions/tasks: (Please list **ALL** primary functions the dog is being trained to perform.)

OR

This dog has been trained to assist a person with a disability by an accredited school: (please list **ALL** dog training institutions below and certifications/certificates)

Accredited Service Dog training institutions found:

<https://assistancedogsinternational.org/member-search/?query=%28misc0.eq.1%29>

DO NOT INCLUDE ANY MEDICAL INFORMATION

I certify under penalty of perjury that the information on this form is true and correct. I understand that the Department of Animal Services should make a determination of my dog's eligibility for an Assistance Dog tag within five (5) business days.

Signature of Owner

Date