



# Richmond City Pet License Application

Richmond Animal Care & Control

1600 Chamberlayne Ave.

Richmond, VA 23222

Pursuant to city code Sec. 4-365 & 4-185 both cats and dogs 4 months of age or older that reside in the City of Richmond are required to have a current rabies vaccination and city license. City licenses must be purchased *annually*. Licenses are valid beginning January 1<sup>st</sup> and expire December 31<sup>st</sup> of the year purchased.

City licenses cost \$10 per cat/dog. RACC accepts payment in the form of cash, check, or money order (payable to the City of Richmond), visa or master card. If paying by credit card please include the card information below.

If you would like to make a donation to support homeless animals in the City of Richmond please make a separate payment available to Richmond Animal Welfare Foundation or visit <http://www.richmondgov.com/AnimalControl/Donate.aspx>.

If you have any questions, please contact Brent Carson at 804-646-5581 or [brenton.carson@richmondgov.com](mailto:brenton.carson@richmondgov.com)

**All funds collected from pet licensing fees go directly to Richmond Animal Care & Control in support and care of homeless animals in need.**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Richmond, VA \_\_\_\_\_

Phone number: Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary contact Name: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Payment - \$10 per dog / cat**

Amount Enclosed: \$ \_\_\_\_\_

Check:  Cash:  Card:  Money Order:

Visa / Master EXP Date: \_\_\_\_/\_\_\_\_ Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CVV code: \_\_\_\_\_

**Licenses are not prorated, are non-transferable and non-refundable.**

**SEE BACK TO PROVIDE REQUIRED ANIMAL INFORMATION**

**PLEASE ATTACH A COPY OF YOUR ANIMAL'S CURRENT RABIES CERTIFICATE OR WE WILL BE UNABLE TO PROCESS YOUR APPLICATION.**

**Number of Dogs/Cats in Household:** \_\_\_\_\_

**ANIMAL INFORMATION:**

<b>Animal Name</b>		<b>Species</b> <input type="checkbox"/> Dog <input type="checkbox"/> Cat	<b>Breed</b>	<b>Animal Color(s)</b>
<b>Age</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Spayed/Neutered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Microchip Number</b>
<b>Rabies Tag #</b>		<b>Rabies Administered Date</b>		<b>Rabies Expiration Date</b>
<b>Name of Administering Veterinary Clinic &amp; Phone Number</b>				

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\* Please copy this form for any additional pets.