



**ANIMAL REGISTRATION APPLICATION**  
 City of Laguna Beach and City of Laguna Woods

1. Laguna Beach Municipal Code 6.06.010 and Laguna Woods Municipal Code 5.04.010 requires every dog, four (4) months of age or older, to be registered with the City of Laguna Beach. New residents or dogs newly acquired shall be granted fifteen (15) days in which to comply with this section.

2. The license fees are as follows: For a 12 month license.

Regular	\$48.00
Neutered/Spayed	\$24.00
Senior Citizens (65 years or older)	50% discount
<b>Late fee if purchased after the deadline</b>	<b>\$17.00</b>

For Senior Citizens only, appointments for licensing at residence may be requested by telephoning the Animal Shelter (949) 497-3552.

Note: Pet registrations are not transferable or refundable.

3. A work or emergency phone number and the name and phone number of a veterinarian will help us return your pet if it becomes lost and/or injured.

4. Attach a RABIES CERTIFICATE (or copy) VALID THROUGH DECEMBER 31 for LAGUNA WOODS or VALID FOR AT LEAST 12 MONTHS FOR LAGUNA BEACH and a sterilization certificate if your animal has been neutered/spayed. The certificate will be returned to you with your registration and tag.

5. Make check or money order payable to the City of Laguna Beach. We accept Visa and MasterCard. Cash will be accepted only if you make application in person.

Credit Card Number \_\_\_\_\_

Credit Card Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Including your

Zip Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Visa MC

Mail registration application to,  
 or apply in person at:

Laguna Beach Animal Shelter  
 20612 Laguna Canyon Road  
 Laguna Beach, CA 92651  
 (949) 497-3552

Hours: 11:00 A.M. to 4:00 P.M.  
 Seven (7) days a week

ANIMAL BREED \_\_\_\_\_

ANIMAL SEX \_\_\_\_\_

ANIMAL NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

ANIMAL COLOR \_\_\_\_\_

ANIMAL AGE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

VETERINARIAN \_\_\_\_\_

VETERINARIAN PHONE \_\_\_\_\_

FEE \_\_\_\_\_

PENALTY \_\_\_\_\_

TOTAL \_\_\_\_\_

DO YOU WANT THIS INFORMATION MADE PUBLIC? \_\_\_\_\_ YES \_\_\_\_\_ NO