Finance Department | Revenue Division
34009 Alvarado-Niles Road
Union City, CA 94587
Phone: 510-675-5312 | *Fax*: 510-489-5074
E-mail: Biz-License@UnionCity.Org
City Website: www.UnionCity.Org

Animal License Application

Official City Use Only
Account Number: _____

ANIMAL OWNER INFORMATION

1. **Owner Name (*Last, First*):** _____
2. **Owner Address (*#, Street, Suite/Apt.*):** _____
3. **Owner City, State, ZIP:** _____
4. **Owner Telephone #:** _____ 5. **Owner E-mail (*REQUIRED*):** _____

ANIMAL INFORMATION:

1. **Address that Dog is Located in Union City:** _____
2. **Dog's Name:** _____ 3. **Dog's Sex (M/F):** _____
4. **Dog's Breed:** _____ 5. **Dog's Date of Birth:** _____
6. **Dog's Color:** _____ 7. **Is Dog Altered?** ☐ **No** ☐ **Yes**
8. **Veterinarian Name:** _____
9. **Rabies Shot Date:** _____ 10. **Rabies Shot Expiration Date:** _____
11. **Desired Term of License:** ☐ **1 year** ☐ **2 year** ☐ **3 year** *Note: License term cannot exceed vaccination expiration date.*
12. **Are you a Senior Citizen?** (*over the age of 60):* ☐ **No** ☐ **Yes** *(if yes, must show photo ID to qualify for Senior Discount)*

Additional Information:

- Chapter 8.08.010 of the Union City Municipal Code states that every person within the City owning, possessing, controlling or keeping any dog over four months of age is required to procure a dog license tag for each dog.
- **A copy of your current rabies vaccination attached to this application is mandatory before a new license is issued**. If a rabies vaccination is due for your dog, obtain the rabies shot and send in the new vaccination certificate with this application form. You may license for one, two or three years, based on the vaccination expiration date.
- If your dog is neutered or spayed, it should be indicated on the rabies certificate. If not, you will need to mail the "Certificate of Alteration" with your application. Any documentation that you submit will be returned to you when your license certificate and dog tag is issued.
- For a listing of animal license fees, please refer to the City's Master Fee Schedule (Police Department Section) at: https://www.unioncity.org/documentcenter/view/333.
- Please include payment with your animal license application. Checks should be made payable to the **CITY OF UNION CITY**. You may also pay by credit card using the form below.

I declare under penalty of perjury, that to the best of my knowledge, all information contained on this application is true and complete.

_____ _____ _____
Signature of Owner or Authorized Agent **Printed Name** **Date**

CITY OF UNION CITY – CREDIT CARD PAYMENT AUTHORIZATION FORM

Please PRINT. Failure to complete this form may result in non-payment of your account. You may also pay by check (see above).

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expires: ☐☐☐☐
Credit Card Number Month/Year

Credit Card Type (Check one; only types below are accepted):
☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

_____ _____ $_____
Name on Card (PRINTED) Daytime Phone Amount Authorized

X_____ _____
Cardholder Signature Date

NOTE: THIS FORM MUST BE RETURNED TO CITY HALL IN PERSON OR BY MAIL WITH ORIGINAL SIGNATURES, OR FAXED TO THE CITY HALL CASHIERING OFFICE (ONLY TO FAX 510-489-5074). E-MAIL WILL NOT BE ACCEPTED.