



# KLAMATH COUNTY SHERIFF OFFICE ANIMAL CONTROL

4250 WASHBURN WAY, KLAMATH FALLS, OR 97603 ~ 541-882-1279

animalcontrol@klamathcounty.org

## ~RABIES CERTIFICATE AND SPAY/NEUTER PROOF MUST BE INCLUDED WITH APPLICATION~

PER ORS 609.100 AND KLAMATH COUNTY ORDINANCE 403.102 EVERY KEEPER OF A DOG WHICH IS OVER SIX MONTHS OF AGE, HAS RECEIVED A RABIES VACCINATION, OR HAS A SET OF PERMANENT CANINE TEETH, WHICHEVER COMES FIRST.

OWNER NAME: \_\_\_\_\_

SENIOR: (62YRS +) YES  NO  IF YES, ODL# \_\_\_\_\_

VETERAN: YES  NO  (PLEASE SUBMIT PROOF WITH APPLICATION)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: (IF OTHER THAN LISTED ABOVE): \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON AND PHONE NUMBER: \_\_\_\_\_

### \*\*\*IF LICENSING MULTIPLE DOGS USE BACK OF FORM\*\*\*

1) DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

SEX: MALE  FEMALE  SPAY/NEUTER (CHECK ONE) YES  NO  DATE OF BIRTH: \_\_\_\_\_

RABIES EXPIRES: \_\_\_/\_\_\_/\_\_\_ RABIES TAG#: \_\_\_\_\_ VET CLINIC: \_\_\_\_\_

MICROCHIP#: (IF APPLICABLE) \_\_\_\_\_

### PLEASE CHECK FEE YOU ARE PURCHASING (LICENSE CANNOT EXTEND PAST RABIES EXPIRATION)

LICENSE FEES	1YR	2YR	3YR	3YR W/MICROCHIP
UNALTERED DOG	\$30.00 <input type="checkbox"/>	\$60.00 <input type="checkbox"/>	\$90.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>
ALTERED DOG	\$20.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	\$60.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>
ALTERED DOG W/ SENIOR CITIZEN OR VETERAN (PROOF REQUIRED)	\$12.50 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$37.50 <input type="checkbox"/>	\$22.50 <input type="checkbox"/>

### PLEASE CHECK LATE FEES (IF APPLICABLE, PLEASE SELECT ONE)

1 – 30 DAYS LATE	OVER 30 DAYS LATE	CITATION LATE FEE
\$10.00 <input type="checkbox"/>	\$20.00 <input type="checkbox"/>	\$50.00 <input type="checkbox"/>

TOTAL FEES \$ \_\_\_\_\_ (PLEASE INCLUDE FEES FROM BACK IF APPLICABLE)

### RETURN THIS COMPLETED APPLICATION, REQUIRED DOCUMENTS AND PAYMENT TO:

KLAMATH COUNTY SHERIFF OFFICE ANIMAL CONTROL

4250 WASHBURN WAY

KLAMATH FALLS, OR 97603

THANK YOU FOR LICENSING!

2) DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 SEX: MALE  FEMALE  SPAY/NEUTER (CHECK ONE) YES  NO  DATE OF BIRTH: \_\_\_\_\_  
 RABIES EXPIRES: \_\_\_/\_\_\_/\_\_\_ RABIES TAG#: \_\_\_\_\_ VET CLINIC: \_\_\_\_\_  
 MICROCHIP#: (IF APPLICABLE) \_\_\_\_\_

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3) DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 SEX: MALE  FEMALE  SPAY/NEUTER (CHECK ONE) YES  NO  DATE OF BIRTH: \_\_\_\_\_  
 RABIES EXPIRES: \_\_\_/\_\_\_/\_\_\_ RABIES TAG#: \_\_\_\_\_ VET CLINIC: \_\_\_\_\_  
 MICROCHIP#: (IF APPLICABLE) \_\_\_\_\_

PLEASE CHECK FEE YOU ARE PURCHASING (LICENSE CANNOT EXTEND PAST RABIES EXPIRATION)

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