



# County of San Luis Obispo

Attn : Licensing  
Animal Services  
P.O. Box 3560

San Luis Obispo, CA 93403-3560



Hours of Operation  
Monday 8-5  
Tuesday 8-5  
Wednesday 8-7  
Thursday 8-5  
Friday 8-5  
Saturday 9-4  
Adoptions stop 30 minutes before the end of the business day.

You must submit a proof of vaccination with your application. All dogs must be licensed at 4 months of age. Dogs new to the county or undergoing a change of ownership must be licensed within 30 days.

You may license your dog at our office during normal hours of operation or by mail; make checks or money orders payable to **SAN LUIS OBISPO COUNTY ANIMAL LICENSING**. Do not send cash.

Please contact our office immediately if you have moved or no longer have your dog.

**Please note** : Unless you request a replacement tag, you will not receive a return mailing or new tag. Your canceled check is your receipt.

**ARF Donation** - 100% of ARF donations are placed into a fund which is specifically dedicated to providing veterinary care for homeless animals. You will find the ARF donation line in the fees section.

FOR INFORMATION

Call toll-free (866) 306-7105 or log on to [www.petdata.com](http://www.petdata.com)  
San Luis Obispo Animal Services website : [www.slosheriff.org/animal](http://www.slosheriff.org/animal)

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RETURN THIS PORTION WITH YOUR PAYMENT, RABIES AND ALTERATION CERTIFICATES IF REQUIRED

Name: _____ Animal ID : _____ Breed: _____ Color: _____ Sex: _____ 2nd Breed: _____ 2nd Color: _____ DOB : _____ Phone: _____ Alternate: _____ Physical: _____		<b>Altered</b> 1 YR 15.00 <input type="checkbox"/> 3 YR 30.00 <input type="checkbox"/> Senior Citizens (Over 65) 3 YR 23.00 <input type="checkbox"/> <b>Unaltered</b> 1 YR 36.00 <input type="checkbox"/>	<i>Office Use Only</i>  LICENSE TYPE 1 YEAR 3 YEAR  Date Issued  Rabies Exp : New : _____  Lic. Exp : New : _____
Person ID: _____ Name: _____ Mailing Address: _____ City _____ State _____ Zip _____ NO LONGER OWN PET: _____ DIED _____ GAVE AWAY _____ LOST _____ _____ MOVED OUT OF COUNTY _____		<b>Replacement Tag</b> 10.50 <input type="checkbox"/> <b>Owner Transfer</b> 12.50 <input type="checkbox"/> <b>Late Fee</b> 12.50 <input type="checkbox"/> <b>Arf Donatation</b> _____ <input type="checkbox"/> AMT ENCLOSED \$ _____	
		Clerk ID _____ Check# _____	