



# HAVEN HUMANE SOCIETY.

CITY OF REDDING, SHASTA COUNTY & CITY OF ANDERSON

## Dog licenses

Senior price is for people 60 or older

Late fee is \$15.00 after 30 days from expiration

### Altered

1 Yr - \$10.00

2 Yr - \$18.50

3 Yr - \$23.00

### Altered Senior

1 Yr - \$5.00

2 Yr - \$9.25

3 Yr - \$11.50

### Unaltered

1 Yr - \$22.00

2 Yr - \$39.00

3 Yr - \$48.00

### Unaltered Senior

1 Yr - \$12.00

2 Yr - \$20.50

3 Yr - \$25.00

Haven Humane Society  
 Animal Regulations/Licensing Division  
 PO Box 992202, Redding CA 96099-2202  
 (530) 241-2550  
 City of Anderson  
 City of Redding  Shasta County

My dog is:.....  altered  unaltered  
 I am requesting a.....  1 year  2 year  3 year license  
 New license  Replacement  
 Renewal license - Previous license # \_\_\_\_\_  
 License# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Owner's Information:**

Hm Phone	Wk Phone	Dog Breed		Color	Age
First Name	Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Dog's Name		PROVIDE A COPY OF THE RABIES CERTIFICATE
Mailing Address		Vaccinating Veterinarian	Vaccination Date	Vaccination Expiration	
ZIP	OFFICE USE ONLY		License Fee	Pymt Method	
Residence Address		<input type="checkbox"/> Rabies Clinic <input type="checkbox"/> Penalty Fee	<input type="checkbox"/> Senior Discount <input type="checkbox"/> Spay/Neuter Fee	Issued by	

RAR-LRF (Rev. 7/16)

White: Customer / Yellow: HHS

Haven Humane Society  
 Animal Regulations/Licensing Division  
 PO Box 992202, Redding CA 96099-2202  
 (530) 241-2550  
 City of Anderson  
 City of Redding  Shasta County

My dog is:.....  altered  unaltered  
 I am requesting a.....  1 year  2 year  3 year license  
 New license  Replacement  
 Renewal license - Previous license # \_\_\_\_\_  
 License# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Owner's Information:**

Hm Phone	Wk Phone	Dog Breed		Color	Age
First Name	Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Dog's Name		PROVIDE A COPY OF THE RABIES CERTIFICATE
Mailing Address		Vaccinating Veterinarian	Vaccination Date	Vaccination Expiration	
ZIP	OFFICE USE ONLY		License Fee	Pymt Method	
Residence Address		<input type="checkbox"/> Rabies Clinic <input type="checkbox"/> Penalty Fee	<input type="checkbox"/> Senior Discount <input type="checkbox"/> Spay/Neuter Fee	Issued by	

RAR-LRF (Rev. 7/16)

White: Customer / Yellow: HHS

Haven Humane Society  
 Animal Regulations/Licensing Division  
 PO Box 992202, Redding CA 96099-2202  
 (530) 241-2550  
 City of Anderson  
 City of Redding  Shasta County

My dog is:.....  altered  unaltered  
 I am requesting a.....  1 year  2 year  3 year license  
 New license  Replacement  
 Renewal license - Previous license # \_\_\_\_\_  
 License# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Owner's Information:**

Hm Phone	Wk Phone	Dog Breed		Color	Age
First Name	Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Dog's Name		PROVIDE A COPY OF THE RABIES CERTIFICATE
Mailing Address		Vaccinating Veterinarian	Vaccination Date	Vaccination Expiration	
ZIP	OFFICE USE ONLY		License Fee	Pymt Method	
Residence Address		<input type="checkbox"/> Rabies Clinic <input type="checkbox"/> Penalty Fee	<input type="checkbox"/> Senior Discount <input type="checkbox"/> Spay/Neuter Fee	Issued by	