



ASSISTANCE DOG APPLICATION AND AFFIDAVIT

Owner Information			
LAST NAME FIRST NAME	MIDDLE NAME		
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBERS			
Home () Othe	r ()		
Animal Information			
PET'S NAME BREE	D	COLOR	
SEX (Please attach a copy of sterility certificate, if applicable) Male Female		DATE of BII	RTH
A valid Rabies Vaccination Certificate is requi	red to process t	this application.	Please attach
a current copy.			
Affidavit			
The wording of this affidavit is required by the California I	Department of Food	and Agriculture Co	ode 30850(b).
365.7 of the Penal Code prohibits any person to k herself, through verbal or written notice, to be the be qualified as, or identified as, a guide dog, signs (d), (e), and (f), respectively, or Section 365.5 of subdivision (b) of Section 54.1 of the Civil Code, Penal Code is a misdemeanor, punishable by impronths, by a fine not exceeding one thousand dol fine."	owner or trained aldog, or service the Penal Code and that a violation risonment in a comment in	er of any canine lete dog as defined and paragraph (6 ation of Section 3 county jail not except.	icensed as, to in subdivisions) of 65.7 of the ceeding six (6)
I am not an owner or trainer as described above. as such, I operate under the guidance of a service placement of service dogs. It is my intention to for recalled by the service organization for formal tramonths. The service organization I operate under	organization de oster the puppy ining, usually sp	dicated to the tra identified above	ining and until it is
Note: Puppies being fostered will be issued regul will be waived. Should the dog cease training at license fees will apply.			
Owner's Signature		Date	
Office Use Only:			
Tag Number:			
Date Issued:	Expiration Date	»:	

