



Animal License Application

Purpose: This form is to be completed by the animal owner to obtain or renew an animal license with the City of Fort Pierce.

SECTION A — OWNER INFORMATION

- **Owner Full Name:** _____
- **Physical Address (no P.O. Boxes):** _____
- **City:** _____ **State:** _____ **ZIP:** _____
- **Mailing Address (if different):** _____
- **Primary Phone:** _____ **Alternate Phone:** _____
- **Email Address:** _____

SECTION B — ANIMAL INFORMATION

- **Animal Name:** _____
- **Species:** Dog Cat Other: _____
- **Breed:** _____
- **Color / Markings:** _____
- **Sex:** Male Female
- **Sterilized:** Neutered Spayed Not Sterilized
- **Age or Date of Birth (if known):** _____
- **Weight (approx.):** _____
- **Microchip #:** _____
- **Photograph of Animal Attached:** Yes

SECTION C — RABIES VACCINATION INFORMATION (REQUIRED)

- **Rabies Vaccination Date:** _____
- **Rabies Expiration Date:** _____
- **Rabies Tag Number (if available):** _____
- **Veterinary Clinic Name:** _____
- **Veterinarian Name:** _____
- **Clinic Phone Number:** _____
- **Valid Rabies Vaccination Certificate Attached:** Yes



SECTION D — LICENSE INFORMATION

- **License Type Requested:** Annual Multi-Year (if eligible)
- **License Period:** _____
- **Proof of Sterilization Attached (if applicable):** Yes No

SECTION E — FEE INFORMATION

License Fees (Per City of Fort Pierce Ordinance):

- **Sterilized Animal:** \$10.00 — Annual License
- **Unsterilized Animal:** \$75.00 — Annual License
- **Service Dog:** \$0.00 — Annual Registration (Proof of rabies vaccination required)
- **Total Amount Due:** \$ _____

SECTION F — OWNER CERTIFICATION

I certify that the information provided on this application is true and correct to the best of my knowledge. A clear, high-quality, full-color, and uncropped headshot of the animal, to assist with identification and re-uniting lost animals has been provided. I understand that providing false information may result in denial or revocation of the animal license.

Owner Signature: _____ **Date:** _____

SECTION G — ANIMAL SERVICES USE ONLY

- **License Number Issued:** _____
- **Tag Number Issued:** _____
- **Date Processed:** _____
- **Processed By:** _____

Submit completed application and required documentation to:

City of Fort Pierce Animal Control
100 N. US Highway 1 Fort Pierce, FL 34950
772-467-3000
jmartinez@cityoffortpierce.com