

# county of ventura

## ANIMAL SERVICES DEPARTMENT

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### ASSISTANCE DOG IDENTIFICATION APPLICATION

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DOG OWNER INFORMATION:** (Please Print)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Actual Address Where Dog Housed: \_\_\_\_\_  
If Different Than Above

**DOG INFORMATION:** (Please Print)

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ License#: \_\_\_\_\_ Expires: \_\_\_\_\_ Microchip#: \_\_\_\_\_ Tattoo#: \_\_\_\_\_

**PURPOSE FOR WHICH DOG WAS TRAINED:** (Check One)

**Guide Dog:** \_\_\_\_\_ **\*Signal (Hearing) Dog:** \_\_\_\_\_ **\*Service Dog:** \_\_\_\_\_

\* IF SIGNAL or SERVICE DOG, PLEASE SPECIFY TASKS TRAINED FOR AND PERFORMED ON REVERSE SIDE OF THIS FORM: (i.e., pull wheelchair, alert phone ringing, etc.)

**TRAINING PROVIDED BY:** \_\_\_\_\_ (ATTACH CERTIFICATE IF APPLICABLE)

**Please read, sign and date below:**

I certify, under penalty of perjury, that I am the owner of the above described dog and that the dog is used solely and entirely for the purpose of providing personal service to me as described in California Civil Code Sec. 54.1 (b) 6 (C) i-iii. I further certify, under penalty of perjury that I am disabled as defined by Calif. Civil Code Sec. 54 (b) 1-2 and that my dog has received **individual training specifically designed to assist me** in the performance of tasks otherwise made difficult by my particular disability.

X \_\_\_\_\_  
SIGNATURE DATE

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OFFICE USE ONLY

APPLICATION APPROVED / DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISABILITY STATUS VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE STATUS VERIFIED: (circle) YES or NO. ASSISTANCE TAG #: \_\_\_\_\_

TRAINING VERIFIED: (circle) YES or NO. BY: \_\_\_\_\_ TITLE \_\_\_\_\_

LICENSE APPLICATION ENDORSED: (circle) YES or NO BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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