

county of ventura

ANIMAL REGULATION DEPARTMENT

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

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: _____
