



DOG LICENSE DIVISION

P O BOX 45017, FRESNO CA 93718-5017 2600 FRESNO ST RM 2162, FRESNO CA 93721
MON.-FRI. 10:00 AM – 5:00 PM
(559) 621-6880

APPLICATION FOR ASSISTANCE/GUIDE/SERVICE DOG
(LICENSING FEE EXEMPTION)

OWNER NAME: _____

OWNER ADDRESS: - _____

FRESNO CITY RESIDENT? YES NO

DOG'S NAME: _____ FRESNO CITY DOG TAG NUMBER: _____

ACCOUNT NO. _____

Is the assistance animal (dog) required because of a disability? YES NO

What work or task has the dog been trained to perform? _____

ASSISTANCE/SIGNAL/GUIDE/SERVICE DOG AFFIDAVIT (Read and sign)

I declare that I am the owner/trainer of the assistance dog named above. I also affirm that my assistance dog has been specially trained as a guide dog, a signal dog, or a service dog.

By affixing my signature to this affidavit, I hereby declare I fully understand that Section 365.7 of the California Penal Code prohibits any person to knowingly and fraudulently represent himself or herself, through verbal or written notice, to be the owner or trainer of any canine licensed as, to be qualified as, or identified as a guide dog, a signal dog, or service dog, as defined in subdivisions (d), (e) and (f), respectively, of section 365.5 of the California Penal Code, and paragraph (6) of subdivision (b) of Section 5431 of the civil code, and that a violation of Section 365.7 of the California Penal Code is a misdemeanor, punishable by imprisonment in a county jail not exceeding six months, by a fine not exceeding one thousand dollars (\$1,000.00) or by both that imprisonment and fine.

Upon the death or retirement of the above-named assistance dog, I understand that I must immediately return the tag to the City of Fresno Dog License Division (per State of California Food and Agriculture Code Section 30850 (c)).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true.

Signature: _____

Date Signed: _____

The City of Fresno reserves five (5) business days to review and make a determination regarding the issuance of this license.

CITY OF FRESNO OFFICE USE ONLY

ASSISTANCE DOG STATUS APPROVED YES NO

By _____

SERVICE DOG TAG NO. _____

STAFF INITIALS _____

Date _____