



# ANNUAL CAT & DOG LICENSE APPLICATION

License Year: July 1 through June 30

## BALTIMORE COUNTY, MD

DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS

MISCELLANEOUS PERMITS AND LICENSES

111 W. CHESAPEAKE AVENUE, ROOM 101

TOWSON, MARYLAND 21204

410-887-3630

New and Renewal Licenses are available in person through Baltimore County Office of Miscellaneous Permits and Licenses, by mail or online at [www.Baltimorecountymd.gov/animallicense](http://www.Baltimorecountymd.gov/animallicense)

New

Renewal

Replacement  
(Must provide previous Tag No.)

**FEE SCHEDULE:**  
(Check applicable fee)

**REGULAR FEE**  
(May 1 to July 31)

**PENALTY FEE**  
(For Renewals after July 31)

Animal Altered:	<input type="checkbox"/> \$ 7.00	<input type="checkbox"/> \$12.25
Animal Unaltered:	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$29.75
Owner 60 & over/animal unaltered:	<input type="checkbox"/> \$11.00	<input type="checkbox"/> \$19.25
Replacement Fee for Lost Tag:	<input type="checkbox"/> \$ 5.00	

(Must provide previous Tag No.)

**GENERAL INFORMATION**

**COMPLETE A SEPARATE APPLICATION FOR EACH ANIMAL IF APPLYING BY MAIL OR IN PERSON.** You can also apply online at [www.Baltimorecountymd.gov/animallicense](http://www.Baltimorecountymd.gov/animallicense).

An application for a Baltimore County animal license must be made within 30 days after moving to the county; within 30 days after obtaining a dog or cat; or by the time the cat or dog is 4 months old.

If you have more than 3 dogs, you are required to obtain a kennel license. Contact this office for details at 410-887-3630

(Checks made payable to "Baltimore County, MD")

**OWNER INFORMATION**

OWNER'S NAME \_\_\_\_\_  
First Name Middle Name Last Name

ADDRESS \_\_\_\_\_  
Street Address City Zip Code

PRIMARY PHONE NO. (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ TDD/TTY  YES  NO

EMAIL \_\_\_\_\_ SENIOR CITIZEN (60 years of age and older)  YES  NO  
Print Legibly

**ANIMAL INFORMATION**

ANIMAL TYPE: (check one)  Cat  Dog ANIMAL'S NAME \_\_\_\_\_ SEX  F  M

YEAR BORN \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

VACCINATION ISSUED BY \_\_\_\_\_ PHONE NO. (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
NAME OF VETERINARIAN OR ANTI-RABIES CLINIC RECOGNIZED BY HEALTH OFFICER

**ALTERED** (SPAYED OR NEUTERED)  Yes  No **RABIES TAG NO.** \_\_\_\_\_ **RABIES EXPIRATION DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MUST PROVIDE A CURRENT VALID RABIES CERTIFICATE)

**A copy of a valid certificate of rabies inoculation issued by a veterinarian or anti-rabies clinic must be submitted with this application.**

**SERVICE DOG:** *attach required affidavits*  Seeing Eye  Hearing Ear  Mobility Impaired **Service Dog Tag No.** \_\_\_ \_\_\_ \_\_\_

**PROTECTION-TRAINED DOG** (See Baltimore County Code Title 2, §12-2-304)  **CANINE GUARD** (See Baltimore County Code Title 2, §12-2-301 - §12-2-303)

**CERTIFICATION**

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this application are true, including the information regarding rabies vaccinations, and that I am competent to attest to these matters. I understand that should any contents of the application not be true, the application and the ensuing license and permit may be deemed invalid.

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Permanent License Tag No. \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Processor's Initials \_\_\_\_\_ Location Sold: \_\_\_\_\_

Data Entered (PAI) \_\_\_\_\_ By \_\_\_\_\_ Record ID \_\_\_\_\_