



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

☐ New

☐ Renewal

☐ Replacement
(Must provide previous Tag No.)

GENERAL INFORMATION

FEE SCHEDULE: (Check applicable fee)

REGULAR FEE (May 1 to July 31)

PENALTY FEE (For Renewals after July 31)

Animal Altered:

☐ \$ 7.00

☐ \$12.25

Animal Unaltered:

☐ \$17.00

☐ \$29.75

Owner 60 & over/animal unaltered:

☐ \$11.00

☐ \$19.25

Replacement Fee for Lost Tag:

☐ \$ 5.00

(Must provide previous Tag No.)

COMPLETE A SEPARATE APPLICATION FOR EACH ANIMAL IF APPLYING BY MAIL OR IN PERSON. You can also apply online at 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

Print Legibly

SENIOR CITIZEN (60 years of age and older) ☐ YES ☐ NO

ANIMAL INFORMATION

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

YEAR BORN BREED COLOR

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

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