



# Application for City of Rocklin Service Dog License

Pursuant to Ordinance §6.16.080

City of Rocklin Dog Licensing  
c/o PetData  
PO Box 141929  
Irving, TX 75014-1929

## Owner Information

Applicant's: Last Name		First Name	Middle Initial
Residential Address (Required)	Apt #	City/State	ZIP Code
Mailing Address		City/State	ZIP Code
( ) -		( ) -	
Primary Phone #		Alt. Phone #	

## Animal Information

- Male     Spayed/Neutered  
 Female     Unaltered

Breed (If unknown, list breed most resembles)	Sex		
Animal Name	Color(s)	Weight	Age/DOB
Microchip			

**Enclose the animal's current rabies vaccination certificate.**

## Service Animal Qualification

- Yes     No    Do you have a disability?  
 Yes     No    Is this animal a service animal?  
 Yes     No    Has this animal been individually trained to assist you with your disability or are you in the process of individually training this animal to assist you with your disability?

If the answer to all three questions is "Yes", please complete this form and send it with the service animal's **current rabies vaccination certificate** to the licensing office at:

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