



CITY OF DELTONA

BUILDING AND ENFORCEMENT SERVICES

2345 Providence Boulevard
Deltona, Florida 32725
Telephone 386-878-8701 - Fax 386-789-7237

ANIMAL CONTROL APPLICATION

ANIMAL TAG

TYPE OR PRINT IN INK ONLY

(For office use only)
TAG NUMBER

ANIMAL OWNER INFORMATION

NAME: _____ Phone # (____) _____ - _____
First Name Last Name

ADDRESS: _____ Zip Code
Street Address

ANIMAL INFORMATION

TYPE: DOG () CAT ()
NAME: _____
BREED: _____
COLOR: _____
WEIGHT: _____ LBS.
D. O. B. _____
GENDER: MALE () FEMALE ()
SPAYED/NEUTERED: YES () NO ()

RABIES TAG # _____
DATE VACCINATED: ____/____/____
TAG EXPIRATION DATE: ____/____/____
VACCINE SERIAL # _____
VET'S NAME/CLINIC OR LICENSE NUMBER:

VET'S OFFICE PHONE # (____) _____ - _____

I am sending attached:

- _____ (Initials) Copy of current Rabies Certificate.
- _____ (Initials) A check or money order in the amount of \$ _____ (\$5.00 for spayed/neutered or \$10.00 for unaltered) made out to **City Of Deltona**.
- _____ (Initials) A stamped return envelope for my tags.

****If any of the requested above is missing, the Animal Tag Application will not be processed.**
**** Complete Animal Tag Applications received will be processed and returned to you in 5 to 10 business days.**

ANIMAL TAG FEE:

UNALTERED: \$10.00
ALTERED: \$5.00

Applicant's Signature

____/____/____
Date