



# 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