



Richmond Animal Care and Control
1600 Chamberlayne Ave.
Richmond VA, 23222
(804) 646-5581
Wed. – Fri. 1 – 7PM
Sat. 12 – 5PM
Sun. 12 – 4PM

City of Richmond Pet License Application

Pursuant to City Code Sec. 4-365 & 4-185 both cats and dogs four months of age or older that reside in the City of Richmond are required to have a current rabies vaccination and city license. City licenses must be purchased *annually*. Licenses are valid beginning January 1st and expire December 31st of the year purchased.

Please complete this form and mail it to RACC. Payment is accepted in the form of cash, credit card, check, or money order (payable to the City of Richmond). If you prefer to pay in person, visit RACC or go to www.richmondgov.com/AnimalControl/PetLicense.aspx for other licensing vendor locations.

All funds collected from pet license fees go directly to Richmond Animal Care & Control to help support and care for homeless animals in the City of Richmond.

If you would like to make a donation to support homeless animals in the City of Richmond please make a separate payment to the non-profit “Richmond Animal Welfare Foundation” or visit www.raccfoundation.org.

If you have questions, please contact Brent Carson at 804-646-5581 or brenton.carson@richmondgov.com

OWNER INFORMATION:

Last Name		First Name			Middle	
Street Address			Apt #	City	State	Zip Code
Home Phone #	Alternate Phone #	Email			Driver's License #	

Amount Due: **\$10 per dog / cat**

Amount Enclosed: \$ _____

Check: Cash: Card: Money Order:

Visa / Master EXP Date: ___/___/___ Card #: _____ - _____ - _____ - _____ CVV code: _____

Licenses are not prorated, are non-transferable and non-refundable.

SEE BACK TO PROVIDE REQUIRED ANIMAL INFORMATION

Please provide all pet information including rabies tag #, administered date, expiration date, and vet clinic below or we will be unable to process your application.

ANIMAL INFORMATION:

Animal Name		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed	Animal Color(s)
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No		Microchip Number
Rabies Tag #		Rabies Administered Date		Rabies Expiration Date
Name of Administering Veterinary Clinic & Phone Number				

Animal Name		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed	Animal Color(s)
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Rabies Tag #		Rabies Administered Date		Rabies Expiration Date
Name of Administering Veterinary Clinic & Phone Number				

* Please copy this form for any additional pets.