

# Arlington County, Virginia - Office of the Treasurer

## Pet License Application

Please print and complete this form and mail with your check\* or credit card information and a copy of the rabies certificate (as required by the [Code of Virginia](#)) to:

Arlington County Office of the Treasurer  
Licensing Section  
2100 Clarendon Blvd, Ste 201  
Arlington, VA 22201

---

### *Owner Info:*

Name: \_\_\_\_\_

Soc Sec Num: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

---

### *Pet Info:*

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_ (M/F)

Est. Adult Weight: \_\_\_\_ lbs.

Spayed/Neutered: \_\_\_Yes \_\_\_No

Color/Marks: \_\_\_\_\_

Hair: \_\_\_\_ Short \_\_\_\_ Long

Rabies Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Shot: \_\_\_\_1 Yr. \_\_\_\_3 Yrs.

License Requested: \_\_\_\_1 Yr. \_\_\_\_3 Yrs.

Appl Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

### **Please complete below if you are paying by credit card:**

Visa: \_\_\_\_\_

MasterCard: \_\_\_\_\_

Discover: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\* **Fees:**                    **\$10 for a one year license**  
                                  **\$25 for a three year license**

---

**Please note** that the license period may not exceed the expiration date of the rabies vaccination. If the vaccination period expires before the license, we will send you a letter to remind you to renew your application.

Revised: February 25, 2003  
email: [treasurer@co.arlington.va.us](mailto:treasurer@co.arlington.va.us)  
Arlington County Office of the Treasurer  
2100 Clarendon Blvd, Suite 201  
Arlington, VA 22201  
(703) 228-3255