



New
 Permit Renewal
 Update of Information

**City of Soledad
 BREEDER'S PERMIT APPLICATION (DOG)**

This Dog Breeder's Permit Application shall not be accepted unless accompanied by the permit fee, microchip number, and Intact Dog License Number or Application for Intact Dog License, for the applicable intact dog. A **separate** application must be submitted for **each** dog that is to be bred. Fees are non-refundable. This permit may not be transferred.

APPLICANT FIRST NAME: _____ LAST NAME: _____

E-MAIL ADDRESS: _____

MAIN TELEPHONE NUMBER: _____ TYPE CELL

SECOND TELEPHONE NUMBER: _____ TYPE CELL

ADDRESS*: _____
 Number Direction Street Type

 Additional Address Line

 City CA State Zipcode

*You must give a physical address. If desired, you may list a P.O. Box address for mailing only.

 P.O. Box

 City State Zipcode

PHYSICAL LOCATION (ADDRESS) OF DOG, if different from applicant address. SAME

 Number Direction Street Type

 City State Zipcode

NAME AND ADDRESS OF ALL OWNER(S) OF THE DOG, if in addition to or different from above. SOLE OWNER SAME AS ABOVE

PROVIDE THE FOLLOWING INFORMATION REGARDING THE DOG.

Name _____ Age _____ Male Female

Microchip ID No. _____ Intact Dog License No. _____ *
**or application is attached*

Breed _____ If mixed, prominent breed(s) _____

Primary color _____ Secondary color _____

Has the applicable dog had a litter(s) within the last year? Yes No
How many puppies?

Do you plan to breed the dog during this permit year? Yes No

Provide any or all telephone numbers, Internet websites, and e-mail addresses which will be used to sell the puppies at this time. You must send updates and additions within 30 days of a change if this list changes.

I hereby acknowledge that I am familiar with City of Soledad Municipal Code Section 6.12.065 regarding the breeding of a dog and I declare that (check each and initial):

All puppies/dogs to be sold or otherwise transferred under the Dog Breeding Permit granted as a result of this application will not be from any source other than the permitted breeding. Initials _____

I am over the age of 18 and have never been convicted of animal cruelty or neglect. Initials _____

The applicable dog shall be strictly confined while in heat or season in a building or other adequate enclosure designed to keep him or her on the premises of the owner, as required by the City's Municipal Code. Initials _____

I understand that only one litter is allowed in my household from this dog within the permitted year. Initials _____

The applicable dog has been examined by a veterinarian licensed in California within 90 days prior to this application and is approved to breed. Initials _____

The applicable dog has been immunized against common communicable diseases and such immunizations are current. Initials _____

I understand that no puppies/dogs may be sold or otherwise transferred until they reach eight weeks of age. Initials _____

I will comply with any laws, ordinances, rules, and regulations applicable to owning, caring for, or breeding animals, and understand that nothing in the granting of this permit shall be interpreted as a waiver of any laws or regulations or the granting of any permission except the permission to breed a dog. Initials _____

It is my sole responsibility to promptly update any changes in the information provided on this application, including any change of addresses or telephone contact information, and that failure to provide such updated information to the Department of Animal Services within 30 days may result in the revocation of the Dog Breeding Permit. Initials _____

Any and all advertising of the litter shall include the Breeder's Permit number issued by City of Soledad Police Department Animal Control Officer. Initials _____

I understand that providing false or misleading information on this application may result in an immediate denial or revocation of the Dog Breeder's Permit without refund of fee and an order compelling the dog to be spayed/neutered within 60 days.

Signature of Applicant

Date (MM/DD/YYYY)