



PIMA COUNTY HEALTH DEPARTMENT  
 Pima Animal Care Center  
 4000 N. Silverbell Road  
 Tucson AZ 85745  
 520.243-5900

**DISABLED CITIZEN  
 DOG LICENSE APPLICATION**

For PACC use only, Owner ID Number

**Staff Initials:**

**Date:**

**Applicant Information (PLEASE PRINT)**

Last Name:	First Name:	MI:	Social Security Number:	Phone Number:
Mailing Address:		City:	State:	Zip Code:

**Dog Information**

Name:	Breed:	Color:	Age:	Altered? Yes      No
Rabies Vaccination Certificate Number:			Vaccination Valid Until	

Name:	Breed:	Color:	Age:	Altered? Yes      No
Rabies Vaccination Certificate Number			Vaccination Valid Until	

**Medical Certification – Must be completed by a doctor of medicine, osteopathy, podiatry, chiropractic, psychiatry, or psychology, licensed to practice in the United States or by a hospital administrator.**

- I certify that the applicant has a disabling condition as defined by American with Disabilities Act, 42 United States Code §12102 and that such condition is:
- Permanent
- Temporary (if a temporary condition, applicant may be required to complete an application every year.)

**Information of Health Professional Certifying the Condition (PLEASE PRINT)**

Last Name:	First Name:	MI:	Phone Number:
Hospital Name if signed by an Administrator:			
Mailing Address:		City:	State:      Zip Code:
Signature: (Stamp not accepted)		Medical or Professional License, Certification Number:	
		Date:	License Expiration Date:

I have read both pages of this form and agree to comply with all the requirements for the dog license.  
 I swear or affirm, under penalty of perjury that the information provided above is true

Applicant's Signature:

Date:

The Medical Certification above was not completed because one is already on file for the following dog-owner number.

Dog Owner ID Number:

## Application Procedures

- A DISABLED CITIZEN DOG LICENSE APPLICATION must be completed to be eligible for the special DISABLED CITIZEN DOG LICENSE FEE.
- Please submit 2 copies of this form and the current dog license tag. A copy will be given to you after processing. Please keep that copy, it may be required for future actions.
- For a current listing of the fees please refer to: <http://www.pimaanimalcare.org/services/fees.asp> .
- Late fees will be charged where applicable.
- Disabled citizen is defined by the Americans with Disabilities Act 42 United States Code § 12102 and Arizona Revised Statutes § 41-1492 (5) as :  
*“ ‘Disability’ means, with respect to an individual, any of the following:*
  - a) A physical or mental impairment that substantially limits one or more of the major life activities of the individual.*
  - b) A record of such impairment.*
  - c) Being regarded as having such an impairment.”*
- All dogs three month of age or older are required to be licensed according to local ordinances. Failure to license your dog may result in criminal citations being issued.
- Before a license is issued, the owner must present a vaccination certificate signed by a licensed veterinarian.
- According to A.R.S. Article 6, § 11-1008, *“The licensing period shall not exceed the period of time for revaccination”*.
- It is YOUR responsibility to license your dog.

For additional information, forms or for office hours please call 520.743.7666

or visit [www.pimaanimalcare.org](http://www.pimaanimalcare.org).

*Pima Animal Care Center*

**“People and Animals in a Caring Community”**