Boerne Animal Care Services
APPLICATION FOR ANIMAL LICENSING

APPLICATION INSTRUCTIONS

To purchase or renew a pet license, you will need:

1. A legible copy of current rabies certificate from your veterinarian or clinic for EACH animal (1-year or 3-year rabies vaccination). In order to be a 3-year vaccination, proof of prior vaccination is required.
2. Proof for EACH animal is required from a veterinarian or clinic that the animal has been spayed or neutered (For altered pet license if not indicated on rabies certificate).
3. 3-year license requires a 3-year rabies vaccination.
4. Apply by mail: Send form and rabies certificates to the address below.
5. Apply by email: Send form and rabies certificates to animalcontrol@boerne-tx.gov.
6. Apply in person: Bring form and rabies certificates to the address below. Call for current office hours.
7. Allow 4 weeks for receipt of pet license tag and registration.

7. Mailing information:

Boerne Animal Care Services
330 South Esser Road
Boerne, TX 78006

830-249-2456 (phone)
830-248-1251 (fax)

Spayed/Neutered Animal:
1-year: $5.00
3-year: $15.00

Not Spayed/Neutered Animal:
1-year: $10.00
3-year: $30.00

PLEASE PRINT LEGIBLY

Owner Name: _____Owner's Date of Birth: _____

Email: _____DL/ID#:_____

Address: _____

Phone Number: _____Cell Number: _____Work Number_____

Alternate Contact: _____ Alt. Phone Number: _____

ANIMAL #1 **Name:**_____

Rabies Vaccination Date: _____ Rabies Vaccination Expiration Date: _____

Dog: ☐ Cat: ☐ (Check appropriate box) Male: ☐ Female ☐

Breed: _____ Mixed Breed: (☐ YES or ☐ NO)

If applicable Secondary Breed: _____Color(s): _____

Age: _____ Spayed or Neutered: (☐ YES or ☐ NO)

Microchip Number: _____

ANIMAL #2 **Name:**_____

Rabies Vaccination Date: _____ Rabies Vaccination Expiration Date: _____

Dog: ☐ Cat: ☐ (Check appropriate box) Male: ☐ Female ☐

Breed: _____ Mixed Breed: (☐ YES or ☐ NO)

If applicable Secondary Breed: _____Color(s): _____

Age: _____ Spayed or Neutered: (☐ YES or ☐ NO)

Microchip Number: _____

ANIMAL #3 **Name:**_____

Rabies Vaccination Date: _____ Rabies Vaccination Expiration Date: _____

Dog: ☐ Cat: ☐ (Check appropriate box) Male: ☐ Female ☐

Breed: _____ Mixed Breed: (☐ YES or ☐ NO)

If applicable Secondary Breed: _____ Color(s): _____

Age: _____ Spayed or Neutered: (☐ YES or ☐ NO)

Microchip Number: _____

ANIMAL #4 **Name:**_____

Rabies Vaccination Date: _____ Rabies Vaccination Expiration Date: _____

Dog: ☐ Cat: ☐ (Check appropriate box) Male: ☐ Female ☐

Breed: _____ Mixed Breed: (☐ YES or ☐ NO)

If applicable Secondary Breed: _____ Color(s): _____

Age: _____ Spayed or Neutered: (☐ YES or ☐ NO)

Microchip Number: _____

*If more than 4 pets, contact us at our office 830-249-2456 for further direction

Altered Pets 1yr: _____X $5.00 =_____

Unaltered Pets 1yr: _____X $10.00 =_____

Altered Pets 3yr: _____X $15.00 =_____

Unaltered Pets 3yr: _____X $30.00 =_____

MAILING FEE: ADD $5.00 TO TOTAL

TOTAL AMOUNT: $_____

☐ I will be picking up my city tags at the shelter when complete

☐ I would like my city tags mailed to me ($5.00 mailing fee)

Pay by Check: ☐ Pay By Card: ☐

City Ordinance requires a rabies vaccination and a city license for all cats and dogs within 30-days of reaching 4-months of age.

************PET LICENSE EXPIRES WHEN RABIES VACCINATION EXPIRES************

Payment Information

- Checks can be made payable to the City of Boerne and be sent by mail or delivered to the Animal Care Services office (330 S. Esser Road).
- Credit Card payments can be made in person at Animal Care Services (330 S. Esser Road).
- Payments can also be made online through the Boerne ACS website and the online pet registration portal.

Signature: _____Date:_____