



Department of Parks
Recreation and Marine

City of Long Beach Animal Care Services Bureau

7700 E. Spring Street
Long Beach, CA 90815
Phone: (562) 570-7387 Fax: (562) 570-3053
www.LongBeachAnimalCare.com



SERVICE ANIMAL REQUEST FOR EXEMPTION

OWNER

Name: _____ C.D.L./C.I.D. _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

SERVICE ANIMAL

Breed: _____ Sex: _____ Altered: _____

Color(s): _____ Age: _____ Name: _____

1.) Is the Animal Required Because of a Disability? _____

2.) What Work or Task Has the Animal Been Trained to Perform? _____

Please note, pursuant to the ADA, Service animals are working animals and not pets.

REQUEST

Requesting exemption from ☐ License Fee ☐ Spay/Neuter

AFFIDAVIT

By affixing my signature to this affidavit, I hereby declare I fully understand that Section 365.7 of the California Penal Code prohibits a person to knowingly and fraudulently represent himself or herself, through verbal or written notice, to be the owner or trainer of any canine licensed as, to be qualified as, or identified as, a guide dog, signal dog, or service dog, as defined in subdivisions (d), (e), and (f) respectively, of Section 365.5 of the California penal Code and paragraph (6) of subdivision (b) of section 54.1 of the California Civil Code, and that a violation of section 365.7 of the California Penal Code is a misdemeanor, punishable by imprisonment in a county jail not exceeding six months, by fine not exceeding one thousand dollar (\$1000), or by both imprisonment and fine.

Name: _____

Printed

Signed

Date

Office Use Only

Dog License Number: _____

Issued By: _____

Comments: _____

