



**Inland Valley
Humane Society & S.P.C.A.**
A home away from home.

INLAND VALLEY HUMANE SOCIETY & S.P.C.A.

500 Humane Way, Pomona, CA 91766

Phone: (909) 623-9777; Fax: (909) 623-0432.

SERVICE DOG IDENTIFICATION TAG APPLICATION

DATE: ____/____/____

DOG OWNER INFORMATION: (Please Print)

Name: _____

Phone: _____

Mailing Address: _____

Other Phone: _____

City: _____

Zip Code: _____

Actual Address Where Dog Housed: _____

I, _____ am applying for a Service Dog Identification Tag pursuant to California Food and Agricultural Code Section 30850. I understand that there is no cost for the Service Dog Identification Tag. However, the dog must have a valid, current dog license at the time of issuance of the Service Dog Identification Tag. By signing this form, I certify that I am the owner/trainer of this dog (circle all that apply). I further certify that the dog is eligible for this tag because:

1. ____ I am a person with a disability, as defined under State or Federal law, and my dog is trained for a specific task to assist me; or
2. ____ I am a trainer of service animals for persons with disabilities as defined under State or Federal law.

DOG INFORMATION: (Please Print)

Name: _____ Breed: _____ Color: _____ Sex: _____

Age: _____ License No.: _____ Expires: _____ Microchip No.: _____

Tattoo No.: _____

PURPOSE FOR WHICH DOG WAS TRAINED: (Check One)

Guide Dog: _____

*Signal (Hearing) Dog: _____

*Service Dog: _____

*PLEASE SPECIFY:

TASKS TRAINED FOR AND PERFORMED (i.e., pull wheelchair, alert phone ringing, etc.):

TYPE OF TRAINING COMPLETED:

TRAINING PROVIDED BY: _____ (Attach certificate if applicable)

NOTE: Emotional support or companion animals are not eligible for a Service Dog Identification tag.

I AGREE that immediately after the dog is transferred to another owner or trainer, and in no event less than thirty (30) days, I shall notify Inland Valley Humane Society & S.P.C.A. ("IVHS") in writing of the name, address and contact information of the new owner or trainer and return the service dog identification tag to IVHS. Upon the death or retirement of the dog as a service dog, I shall immediately return the service dog identification tag to IVHS, and in no event less than thirty (30) days.

By issuing this service dog identification tag, IVHS is not confirming the truthfulness of the information in this Application, but is relying exclusively upon my statements, which I am making under penalty of perjury.

I UNDERSTAND that Section 365.7 of the Penal Code prohibits any 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 Penal Code and paragraph (6) of subdivision (b) of Section 54.1 of the Civil Code, and that a violation of Section 365.7 of the Penal Code is a misdemeanor, punishable by imprisonment in a county jail not exceeding six months, by a fine not exceeding one thousand dollars (\$1,000), or both that imprisonment and fine.

I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Signature

Date

Print Name

Dog Name

Address

City

Zip Code

SERVICE DOG APPLICATION

REV. SEPT. 2023

OFFICE USE ONLY

Issued By: _____

Title: _____

Date: _____

Tag No.: _____

COMMENTS: _____
