



# The City Elmendorf Animal Control

Elmendorf City Code  
#09-12-2002  
Section 6

## Instructions

<input type="checkbox"/>	I must provide a written <b>vaccination certificate</b> , signed by the veterinarian administering the vaccine, giving an accurate description of the dog or cat, date of immunization, and the name and address of the owner of the dog or cat. <i>Section 5-A</i>
<input type="checkbox"/>	In the case of an animal which has been spayed or neutered, the owner of any dog or cat shall present such proof as Animal Control may specify in order to qualify for the \$2.00 licenses. <i>Section 7-A</i>
<input type="checkbox"/>	The animal license tag will be provided FREE in the case of an animal which has been verified spayed or neutered and additionally has an active implanted microchip and that microchip is verified by a veterinarian's receipt identifying the animal. <i>Section 7-A</i>
<input type="checkbox"/>	The license tag fee of five (\$5.00) dollars or the applicable license fee in cash, check or money order form made payable to The City of Elmendorf.

### Nearby Veterinarian Clinics

#### Locations in Floresville, TX

Animal Crossing Veterinary  
6655 U.S. Hwy 181  
Floresville, TX 78114  
(830) 393-3421

Oak Hills Animal Hospital  
1678 U.S. Hwy 181 N  
Floresville, TX 78114  
(830) 393-4600

#### Locations in San Antonio, TX

4 Paws Animal Hospital  
3630 S.E. Military Drive  
San Antonio, TX 78223  
(210) 337-1919

Alamo Dog & Cat Hospital  
1619 Pleasanton Road  
San Antonio, TX 78221  
(210) 922-1231

Please return to:  
Code Compliance – Elmendorf Animal Control  
PO BOX 247  
Elmendorf, TX 78112

Or

Elmendorf City Hall  
8304 FM 327  
Elmendorf, TX 78112  
210-635-8210



# The City Elmdorf Animal Control

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#09-12-2002  
Section 6

## Pet License Application

### Notice

The Pet License Application will not be accepted unless accompanied by the required fee; proof that the animal is in compliance with or exempt from vaccination requirements, and the name of the microchip provider and microchip number if applicable. Fees are non-refundable. License tags cannot be transferred.

### Applicant Information

Owner  
Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email

Secondary  
Phone:

Mailing Address  
(if different)

### Identification and Location of Animal

#### FIRST PET

Pet Name:		Location Address:			
Species:	DOG <input type="checkbox"/>	CAT <input type="checkbox"/>	Gender:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
		Sterilized:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breed:		Prominent Color:			
Veterinarian:		Veterinarian Phone:			
Microchip:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Microchip Provider:		Microchip Number:
<b>Office Use Only</b>					
This application has been approved and License # _____ has been issued to the Applicant on this _____ day of _____, 20____ and expires _____.					
Authorized Agent Signature		Title		Date	

This institution is an equal Opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found on line at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at [proqram.intake@usda.gov](mailto:proqram.intake@usda.gov)

Revised Date  
January 15, 2014

**SECOND PET**

Pet Name:		Location Address:						
Species:	DOG <input type="checkbox"/>	CAT <input type="checkbox"/>	Gender:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	Sterilized:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breed:		Prominent Color:						
Veterinarian:		Veterinarian Phone:						
Microchip:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Microchip Provider:		Microchip Number:			
<b>Office Use Only</b>								
This application has been approved and License # _____ has been issued to the Applicant on this _____ day of _____, 20____ and expires _____.								
Authorized Agent Signature		Title		Date				

**THIRD PET**

Pet Name:		Location Address:						
Species:	DOG <input type="checkbox"/>	CAT <input type="checkbox"/>	Gender:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	Sterilized:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breed:		Prominent Color:						
Veterinarian:		Veterinarian Phone:						
Microchip:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Microchip Provider:		Microchip Number:			
<b>Office Use Only</b>								
This application has been approved and License # _____ has been issued to the Applicant on this _____ day of _____, 20____ and expires _____.								
Authorized Agent Signature		Title		Date				

**FOURTH PET**

Pet Name:		Location Address:						
Species:	DOG <input type="checkbox"/>	CAT <input type="checkbox"/>	Gender:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	Sterilized:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breed:		Prominent Color:						
Veterinarian:		Veterinarian Phone:						
Microchip:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Microchip Provider:		Microchip Number:			
<b>Office Use Only</b>								
This application has been approved and License # _____ has been issued to the Applicant on this _____ day of _____, 20____ and expires _____.								
Authorized Agent Signature		Title		Date				

### Acknowledgement

**I hereby acknowledge that I am familiar with Elmendorf City Code #09-12-2002 and I understand the following requirements regarding this License and the animal covered thereby (*initial each item*):**

	I understand it is my sole responsibility to update any changes in the information provided on this application, including any change of owner, addresses or telephone contact information, and fully understand that the animal license tag is non-transferable.
<i>Initial</i>	
	If the animal should have any offspring, I understand that it is unlawful to maintain or keep more than 4 adult dogs and/or cats on my premises within city limits. I must make the necessary arrangements to maintain the amount of animals to meet compliance. <i>Section 34-A</i>
<i>Initial</i>	
	In the event the animal license tag is lost, a duplicate may be obtained from Animal Control upon presentation of a valid vaccination certificate and the payment of two (\$2.00) dollars. <i>Section 7-E</i>
<i>Initial</i>	
	Dogs and cats must wear collars with the City license tag attached thereto at all times. <i>Section 7-F</i>
<i>Initial</i>	
	I understand all animals permitted must be restrained at all times within my premises by a secure fence or on a leash. Prosecution for this offense may be instituted in the municipal court by any person filing a sworn complaint charging such owner or person in possession of such offense. <i>Section 10</i>
<i>Initial</i>	
	In the case my animal should be impounded, the Animal Control Facility will attempt to contact me and the animal will be held for three (3) working days during which time I may reclaim and redeem such animal upon paying the charges due. The fee due the animal control officer for the first offense is fifty (\$50.00) dollars, the second offense is one hundred (\$100.00) dollars, and the third offense is one hundred fifty (\$150.00) dollars. This does not include boarding and vaccinations if applied. <i>Section 29</i>
<i>Initial</i>	

**I understand that providing false or misleading information on this application may result in a denial or revocation of the animal license tag without refund of fee. I hereby certify that the information provided in this Application is true, complete and correct to the best of my knowledge.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*