



ARLINGTON COUNTY TREASURER'S OFFICE

OPERATIONS DIVISION
2100 CLARENDON BLVD., SUITE 215
ARLINGTON, VA 22201

CARLA DE LA PAVA
TREASURER

CATHY FRITTS
DEPUTY TREASURER

DOG LICENSE APPLICATION

Owner Information:

NAME: _____ PHONE: _____

CO-OWNER NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

Link your PET account to your other Arlington County accounts by providing your Vehicle Personal Property, Real Estate, or Utilities account number. _____

Dog Information:

Name: _____ Breed: _____

Sex: Male Female Spayed/Neutered: YES NO

Date of Birth: ____ / ____ / ____ Weight: _____ Color: _____

VACCINATION DATE: ____ / ____ / ____ VACCINATION TYPE: 1 YEAR 3 YEAR

To register your dog and receive a license, return the current rabies vaccination certificate, \$30.00 payment, and this signed/completed application by Mail, Drop Box or In Person:

Office of the County Treasurer, Operations Division
2100 Clarendon Boulevard, Suite 215
Arlington, VA 22201

Dog license fees are non-refundable. Please note that a license shall not be issued without these items.

Notice: Arlington County Code prohibits more than three (3) dogs per household unless its location has been approved for use as a kennel by the Arlington County Zoning Administration and a kennel license has been obtained. If you operate a licensed kennel, please check here:

Signature: _____ Date: ____ / ____ / ____