

COUNTY OF SAN DIEGO APPLICATION FOR ASSISTANCE DOG IDENTIFICATION TAG



OWNER, AUTHORI	ZED USER, OF	R TRAINER INFO	<u>ORMATION</u>
Name (Please Print)	(Phone) # (Daytime)	() Phone # (Evening)
Street Address)	() TDD#
City, State	Zip Co	de	Email Address
ASSIST	TANCE DOG I	NFORMATION	
Dog's Name		Breed	Color
Male ☐ Female ☐ Spayed ☐ Neutered ☐	Age CO	OSD Dog License #	Microchip #
I certify that this dog is a \Box guide dog training to be qualified as such.	☐ signal dog*	☐ service dog*	as defined by state law, or is in
"Guide dog" means any guide dog or Seei (commencing with Section 7200) of Division criteria under federal regulations adopted to in Law 101-336). "Signal dog" means any dog trained to aler	n 3 of the Busine mplement Title III	ss and Professions of the Americans w	Code or that meets the definitional rith Disabilities Act of 1990 (Public
"Service dog" means any dog individually tradisability, including, but not limited to, mindropped items.			
* If a signal dog or service dog, you are requi	red to complete th	e back of this applic	ation.
By affixing my signature to this affidavit, I prohibits any person to knowingly and fraudu the owner, (authorized user), or trainer of a signal dog, or service dog, as defined in subd and paragraph (6) of subdivision (b) of Sect Penal Code is a misdemeanor, punishable by exceeding one thousand dollars (\$1,000), or but I declare under penalty of perjury, under I	ellently represent his ny canine licensed ivisions (d), (e), a ion 54.1 of the C imprisonment in by both that impris	imself or herself, three das, to be qualified as, to be qualified and (f), respectively, ivil Code, and that a county jail not expended and fine.	ough verbal or written notice, to be I as, or identified as, a guide dog, of Section 365.5 of the Penal Code a violation of Section 365.7 of the exceeding six months, by a fine not
application is true and correct.			-
Signature			ate
Processed by: 1 DAS-195 (rev. 10-21)	Date:	Assi	stance Tag #

Signal Dog / Service Dog

This dog is specifically trained by:

Name of trainer	Phone number of trainer
Address of trainer	Email Address of trainer
	g is specifically trained to perform the following function or functions to assist me (please list ALL le dog is trained to perform):
,	
	by is in training to perform a function or functions to assist \square me, or \square another person with a defined by law. I certify that <u>training has progressed beyond basic obedience</u> to the following
specific fund	ctions/tasks (please list ALL functions the dog is being trained to perform):
DO NOT in	nclude any medical information
Initial here	I understand that the Department of Animal Services will notify DMV of all seizure alert dog applications which could impact my driver's license status.
	_ I understand that the Department of Animal Services will notify the Department of Justice of
Initial here	all psychiatric service dog applications which could impact my right to possess firearms.
	der penalty of perjury that the information on this form is true and correct. I understand that the of Animal Services should make a determination of my dog's eligibility for an Assistance Dog tags (30) days.
Signature of owne	er Date