



# ANIMAL CARE AND CONTROL

DEPARTMENT OF HEALTH SERVICES

ANIMAL SHELTER

[www.theanimalshelter.org](http://www.theanimalshelter.org)

email: [TheAnimalShelter@sonoma-county.org](mailto:TheAnimalShelter@sonoma-county.org)

## PENALTY APPEAL FORM

**Please read the following information carefully before completing this form:**

*California Health and Safety Code Section 121690, Sonoma County Code Chapter 5, Article V, City of Santa Rosa Title 7, Chapter 7-12 and Town of Windsor Title III, Chapter 4 require all dogs over four months of age be vaccinated against rabies and licensed. It is the dog owner's responsibility to license their dog annually within 30 days of rabies vaccination or license expiration. A courtesy invoice is mailed to the owner prior to expiration of license and a penalty invoice is mailed at a later date. **Penalties are not excused for not receiving an invoice and unpaid balances are forwarded to collections.***

*If you believe you have been assessed a penalty in error, fill out this form completely and submit with a copy of one of the following as proof of license fee payment: front and back of your cancelled check; credit card receipt or receipt issued by our agency. Return your appeal to Sonoma County Animal Care and Control at the address below, or fax it to 707-565-7112. You will be notified of the determination, which is based on the facts presented.*

**Owner's Name:** \_\_\_\_\_

**Physical Address (mandatory):** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Alternate:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Dog Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Reason for Appeal:** \_\_\_\_\_

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