



CITY OF FALLS CHURCH

Jody Acosta
Treasurer

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treasurer@fallschurchva.gov
Animal Control Officer: 703-248-5172

City of Falls Church Dog License Application

**Licenses are valid for up to 3 years –
And will be determined by the expiration date of the Rabies vaccination.**

Owner's Name: _____

Co-Owner's Name: _____

Street Address: _____ Falls Church, VA _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail Address: _____

Dog's Name: _____

Breed: _____

Color: _____

Sex (Circle): Male Female

Altered (Circle): Yes No

Initial Application (Circle): Yes No

Renewal Application (Circle): Yes No

Animal Hospital/Clinic or Veterinarian: _____

Phone Number of Animal Hospital/Clinic or Veterinarian: (_____) _____

Office use only

Rabies Vaccination Expires: _____ Rabies Tag No.: _____

FC Dog License No: _____ Expires: _____ Date Issued: _____

NOTE: Virginia state law requires us to verify rabies vaccinations.

Please bring the rabies vaccination certificate to our office, or mail it with this application.

If you DO NOT have your rabies certificate, we will be happy to call and verify the information with your Veterinarian. Your Vet can fax your rabies certificate directly to us!

If you apply by mail, we will return your vaccination certificate with your dog tag.

Fee: Altered, \$5; unaltered \$10; make check payable to Treasurer, City of Falls Church.

Please bring or mail application to:

Treasurer, City of Falls Church
300 Park Ave. Suite 201W
Falls Church, VA 22046-3301