Request for Waiver of Hillsborough County Pet Registration Fees

Is the dog being registered a service animal individually trained to work or perform tasks for a person with a disability?  
○ YES  ○ NO

Does the dog perform work or a task that is directly related to the person’s disability?  
○ YES  ○ NO

If yes, please briefly describe the work or task (please do not include the qualifying disability in the description). Example: “My dog alerts me to dangers that may be present” or “My dog lets me know it’s time to take medicine.”

________________________________________________________________________________________
________________________________________________________________________________________

By signing below, I hereby certify that all of the information provided in this document is complete and accurate. I also understand that Florida Statute, §413.08(9) states:

A person who knowingly and willfully misrepresents herself or himself, through conduct or verbal or written notice, as using a service animal and being qualified to use a service animal or as a trainer of a service animal commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 and must perform 30 hours of community service for an organization that serves individuals with disabilities, or for another entity or organization at the discretion of the court, to be completed in not more than 6 months.

______________________________  ________________________________  ____________________
SIGNATURE                        PRINTED NAME                        DATE

Dog Breed: __________________________
Dog Name: __________________________
Dog Age: __________________________

You must provide a copy of your current, official rabies certificate for this dog; signed by a Florida veterinarian.