



Durham County Tax Administration Exemption Form

Owner Name _____

Owner Address _____ City _____ State _____ Zip _____

Owner Mailing Address _____ City _____ State _____ Zip _____

Telephone: (H) _____ (W) _____ (Cell) _____

Animal Information

(If you are applying for exemptions for more than 5 animals, attach a list)

Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>
New License <input type="checkbox"/>	<input type="checkbox"/>	New License <input type="checkbox"/>	<input type="checkbox"/>	New License <input type="checkbox"/>	<input type="checkbox"/>	New License <input type="checkbox"/>	<input type="checkbox"/>	New License <input type="checkbox"/>	<input type="checkbox"/>
License Renewal <input type="checkbox"/>	<input type="checkbox"/>	License Renewal <input type="checkbox"/>	<input type="checkbox"/>	License Renewal <input type="checkbox"/>	<input type="checkbox"/>	License Renewal <input type="checkbox"/>	<input type="checkbox"/>	License Renewal <input type="checkbox"/>	<input type="checkbox"/>
Female <input type="checkbox"/>	<input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/>
Male <input type="checkbox"/>	<input type="checkbox"/>	Male <input type="checkbox"/>	<input type="checkbox"/>	Male <input type="checkbox"/>	<input type="checkbox"/>	Male <input type="checkbox"/>	<input type="checkbox"/>	Male <input type="checkbox"/>	<input type="checkbox"/>
Name _____		Name _____		Name _____		Name _____		Name _____	
Breed _____		Breed _____		Breed _____		Breed _____		Breed _____	
Spayed <input type="checkbox"/>	<input type="checkbox"/>	Spayed <input type="checkbox"/>	<input type="checkbox"/>	Spayed <input type="checkbox"/>	<input type="checkbox"/>	Spayed <input type="checkbox"/>	<input type="checkbox"/>	Spayed <input type="checkbox"/>	<input type="checkbox"/>
Neutered <input type="checkbox"/>	<input type="checkbox"/>	Neutered <input type="checkbox"/>	<input type="checkbox"/>	Neutered <input type="checkbox"/>	<input type="checkbox"/>	Neutered <input type="checkbox"/>	<input type="checkbox"/>	Neutered <input type="checkbox"/>	<input type="checkbox"/>
Unaltered <input type="checkbox"/>	<input type="checkbox"/>	Unaltered <input type="checkbox"/>	<input type="checkbox"/>	Unaltered <input type="checkbox"/>	<input type="checkbox"/>	Unaltered <input type="checkbox"/>	<input type="checkbox"/>	Unaltered <input type="checkbox"/>	<input type="checkbox"/>

Exemption Information

By signing this form below, I do attest that the animals listed are exempt from **part or all** of the animal license tax for one of the following reasons (check only one).

- I am age 65 years old or older. Attach a copy of your driver's license or other proof of age and proof that your animal has been spayed or neutered.*** Amount Due: \$00.00
- I own an animal with a health condition that permanently precludes it from undergoing sterilization because of a significant risk of injury or death. Attach a statement from a licensed veterinarian.*** Amount Due: \$10.00
- I own an animal who is/was certified to assist handicapped individuals or who is/was certified to assist the public. Attach proof of service (past or present) from a duly authorized agency.*** Amount Due: \$ 00.00
- This research institution owns animals used solely for scientific research purposes. Attach a letter from a qualifying research institution to verify the number of animals kept.*** Amount Due: \$ 00.00
- I operate as (or provide foster homes for) an agency that has been declared a non-profit agency or public charity by the IRS. Attach a copy of the letter of the agency's exemption letter under Section as a 501 (c) (3) from the IRS or a letter of verification from a certified non-profit/public agency that you provide foster services for that agency.*** Amount Due: \$00.00

Signature _____ Date: _____