

City of Philadelphia Horse License Application



Owner First Name: _____ Owner Last Name: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Please provide detailed contact information so we can contact you regarding the application:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alternate Phone: _____

Email Address: _____

Alternate Contact Name (optional): _____ Phone: _____

Horse information (please use a separate form for each horse)

Horse's Name: _____

Age or Birthdate: _____

Animal Sex ☐ Stallion ☐ Gelding ☐ Mare

Primary Color: _____ Secondary Color: _____

Primary Markings: _____

Please send photos of the horses to licensehelp@acctphilly.org . Please note, your application will not be processed if we do not receive pictures of your horse.

Veterinary Information

What Equine Veterinarian exams this horse: _____

Proof of veterinary records: ☐ Attached ☐ Please contact veterinarian

Annual License Fees

Standard License Fees (Per Horse):

Horse License ☐ \$100.00

Total Amount Paid = \$ _____

Make checks payable to: ACCT Philly