



License Reseller Agreement

Pinellas County Animal Services

12450 Ulmerton Road

Largo, FL 33744

Phone: (727) 582-2624

Fax: (727) 453-3539

Business Name		Clinic # (provided by Animal Services)	
Veterinarian Name		Vet License #	
Address	Unit#	Clinic Phone	Cell Phone
City, State, Zip		Email	

As a License Reseller with Pinellas County, you will be authorized to sell county animal licenses to your clients at your clinic along with their rabies vaccine. You must complete the appropriate certificate and collect the fees for the license from your client. By the 10th of each month, you must send to Pinellas County Animal Services the following items:

1. All certificates sold in the prior month.
2. All monies for licenses sold in the prior month.
3. Completed reconciliation form for licenses sold in prior month.

Furthermore, you are agreeing to comply with state and local ordinances regarding license sales and rabies vaccinations, including Pinellas County Code 14-61. This agreement must be renewed annually.

To continue to benefit from the License Reseller Program with Pinellas County, your clinic's account must remain current. Clinics not current after 30 days will have their authorization to resell licenses placed on hold until the account is brought up-to-date. By signing this Agreement you agree to comply with all applicable laws, as well as the requirements stated in Pinellas County Animal Services' License Reseller Policy, the terms of this Agreement and, if applicable, the terms of use applicable to electronic licensing resources.

Pinellas County will supply license certificates, tags, and prepaid envelopes for submitting appropriate paperwork and payments. Pinellas County will provide a \$1 reimbursement for each tag sold. These reimbursements are processed quarterly. These reimbursements can be used to offset any monies owed to Pinellas County.

Please specify whether you want your clinic listed on our website and whether you offer free first exam:

- ☐ Yes, Include on Website ☐ Yes, include on Website, and practice offers free 1st exam ☐ Do not list on website

Please select designee for the upcoming calendar year:

- ☐ Pinellas Animal Foundation ☐ Animal Welfare Trust Fund of Pinellas County ☐ Reimbursed to Clinic

I also authorize following agent to act on my behalf of my clinic: _____

I agree to the terms of this Reseller Agreement.

Veterinarian signature: _____

Date: _____