

**CITY-COUNTY MUNICIPAL SERVICES AGREEMENT**

**COUNTY OF LOS ANGELES  
DEPARTMENT OF ANIMAL CARE AND CONTROL**

**AND**

**THE CITY OF**

**FISCAL YEAR 2023-24 SERVICE LEVEL REQUEST**

**I. Animal Care Center Services**

The level of animal care center service that the City requests and the County agrees to, is (select one of the three options below):

Full Service

Primary animal care center:

Animal Care Center Services for Transfer

City's Animal Care Facility contact information:

Agency Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

No Animal Care Center Services

## II. Field Services

The level of field service that the City requests and the County agrees to, is (select one of the three options below):

- Standard Service Plan
- Limited Service Plan (check all applicable boxes below)

<b>Full County Field Services</b>	
County provides service on following days/times (please identify):	
Weekend days and holidays (please identify days and hours):	
<b>Priority County Field Services - Priority 1 Calls Only (As Determined by Department Policy)</b>	
County provides service on following days/times (please identify):	
Weekend days and holidays (please identify days and hours):	
<b>Standby County Field Services (Service Requests only from City Personnel; the City will screen calls from the public)</b>	
County provides service on following days/times (please identify):	
Weekend days and holidays (please identify days and hours):	
<b>Humane Investigations – as needed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Administrative Investigations – as needed (LACC Title 10, Chapter 37, Potentially Dangerous/Vicious Dogs)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Administrative Compliance (Post hearing compliance checks will be handled by DACC on City’s behalf)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

City’s Animal Control (Field Services) contact information:

Department Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

- No Field Services

### III. Individual Animal Licensing

- The City agrees to have the County provide individual animal licensing and has adopted the license fees outlined in Los Angeles County Code.
- The City agrees to have the County provide individual animal licensing and has adopted the following license fees (please provide a copy of the applicable ordinance or resolution):

Altered Dog	\$	Altered Cat	\$
Unaltered Dog	\$	Unaltered Cat	\$
Senior-owned Altered Dog	\$	Senior age is defined as age	
Military Veteran w/ Disability Altered Dog	\$		
Delinquency Charge	\$	Delinquency charge applies after:	days
Other Special License Fee	\$	Description/criteria:	
Field Enforcement Fee* (select one)	<input type="checkbox"/> \$40.00		
	<input type="checkbox"/> \$0.00		

\*Only applicable when licensing is initiated in the field by Department employees.  
 Current license fees adopted by the City on \_\_\_\_\_, 20\_\_\_\_\_.

- No Animal Licensing Services

#### IV. Outreach and Enforcement Services

##### A. Animal Facility Inspection and Licensing (Costs included in overhead— not billed)

- The City requests the County to license animal-related facilities (including inspection and grading services) in the City.
- No animal facility licensing services--the City will conduct its own program. (Please provide contact information below.)

The City's animal facility program contact information:

Department Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

##### B. Vaccination and Microchip Clinic(s)

- The City requests the County to provide or assist in arranging for vaccination clinic(s) in the City, utilizing Department personnel to also license animals during the vaccination clinic(s), at the applicable rate for staff time.
- No vaccination or licensing clinic services.

##### C. Spay/Neuter Trust Fund

- Participate in the Spay/Neuter Trust Fund to allow residents access to low-cost spay/neuter services.
- No participation in the Spay/Neuter Trust Fund.

**V. Enforcement of County Code**

- The City agrees to the enforcement of Title 10 with no exceptions.
  
- The City agrees to the enforcement of Title 10 with the following pre-approved exception(s): (please mark all that apply)
  - 10.20.350: Mandatory Spay and Neuter. The City does not require the spay/neuter of:
    - Dogs
    - Cats
  
  - 10.20.185: Mandatory Microchipping. The City does not require the microchipping of:
    - Dogs
    - Cats
  
  - 10.20.038: Number of dogs and cats. In the City the following number of animals are allowed per household:  
Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Total of \_\_\_\_\_ dogs/cats
  
  - 10.20.030: Mandatory Cat Licensing. Domestic cats are subject to:
    - Voluntary Cat Licensing
    - No Cat Licensing
  
  - 10.28.020: Animal Facility Licensing. The County will not license/inspect animal facilities.
  
  - 10.40.060: Excessive Animal Noise Complaints. The City will conduct its own noise enforcement.

City's Animal Noise Complaint contact information:  
Department Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_

**VI. Requested Additions to Title 10 Enforcement**

Please list individual municipal code sections requested to be enforced by the Department. (Please ensure your municipal code contains adequate enforcement authority.)

**COUNTY**

<b>City Code Section No.</b>	<b>City Code Section Title</b>	<b>Approved</b>	<b>Not Approved</b>

**VII. Contact Information**

County Primary Contact

Name: Bradley Kim  
Title: Contracts and Grants Division Liaison  
Address: 5898 Cherry Avenue  
Long Beach, CA 90805  
Telephone: (562) 379-9722  
E-mail: Bkim@animalcare.lacounty.gov

County Alternate Contact

Name: Alyssa Perez  
Title: Management Analyst  
Address: 5898 Cherry Avenue  
Long Beach, CA 90805  
Telephone: (562) 379-9728  
E-mail: aperez2@animalcare.lacounty.gov

City Primary Contact

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

City Alternate Contact

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**VIII. Annual/Amended Service Request Approval**

For the City:

_____	_____	_____
Authorized City Representative (Printed Name)	Authorized Signature (Signature)	Date

_____	_____
Title	Telephone Number

For the County:

_____	_____	_____
Marcia Mayeda Director Dept. of Animal Care and Control	Authorized Signature (Signature)	Date