

CITY-COUNTY MUNICIPAL SERVICES AGREEMENT

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

AND

THE CITY OF

FISCAL YEAR 2021-22 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)

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

City Code Section No.	City Code Section Title	Approved	Not Approved

VII. Contact Information

County Primary Contact

Name: Whitney Duong
Title: Contracts and Grants Division Liaison
Address: 5898 Cherry Avenue
Long Beach, CA 90805
Telephone: (562) 379-9719
E-mail: WDuong@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:

<u>Marcia Mayeda</u> _____ Director Dept. of Animal Care and Control	_____ Authorized Signature (Signature)	_____ Date
---	--	---------------