



Your Guide to Online Animal Licensing



Register and renew your animal licensing without leaving your home.

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Create a New Account



<https://www.palmcoast.gov/animal-control>

License your Pet Now to enter the portal

First time users

Create new account



 **City of Palm Coast Animal Licensing** 

Lookup account using Tag # and Owner ID or Owner Last Name.

Tag Number


Owner #

OR

Last Name

Login with email and password

Email Address

Password 

The email used will be your user login

Licensing for the first time with Palm Coast?
Click OK.

Renewing or updating?
Click Cancel and Lookup account by Tag Number and Owner # or Owner Last Name.You will be prompted to enter an Email address and Password to update your account.

OK

Cancel

Enter your address (minimal criteria, do not use lane, street, etc.) and choose your address from pop up options.

Create new animal license account. X

Address - Enter House, Street, and Type (Ex: 1234 Palm Coast Ave) -OR- Parcel ID

Address

123 MAIN

123 MAIN ST TEST [MR. PALM COAST]

Lookup

Continue

Click OK

Complete the required fields

Click next or click the mailing tab at the top to ensure the correct mailing address.

The information will carry over – check same as location if the mailing address is the same.

Click SAVE

Use this address to create a new Owner Record?

OK

Cancel

Owner Detail

Location

Mailing

Owner Name *

USER, TEST

Owner Phone *

3869863780

Owner Email *

BEMBRYX3@YAHOO.COM

Address Line 1 *

123 MAIN ST TEST

Address Line 2

City *

PALM COAST

State *

FLORIDA

Zip *

32164

Update Password

BACK

Next

* Denotes a required field

1.0.0.259D

Owner Detail

Location

Mailing

☒ Same As Location

Address Line 1 *

123 MAIN ST TEST

Address Line 2

City *

PALM COAST

State *

FLORIDA

Zip *

BACK

Save

* Denotes a required field

5

1.0.0.259D

You need to set a password on this account. Please click the Update Password button.

OK

Click the Update Password to enter a unique password and SAVE.

Note- password must be at least 6 characters long and contain 1 number and 1 capital letter.

Owner Detail

Location

Mailing

Owner Name *

Owner Phone *

Owner Email *

USER, TEST

3869863780

BEMBRYX3@YAHOO.COM

Address Line 1 *

123 MAIN ST TEST

Address Line 2

City *

State *

Zip *

PALM COAST

FLORIDA

32164

Update Password

BACK

Save

* Denotes a required field

1.0.0.2590

Update Password

X

Password

.....

Verify Password

.....

Password must be at least 6 characters and have at least 1 Uppercase Letter and number.

Update Password

Click SAVE

Owner Detail

Location

Mailing

Owner Name *

Owner Phone *

Owner Email *

USER, TEST

3869863780

BEMBRYX3@YAHOO.COM

Address Line 1 *

Address Line 2

123 MAIN ST TEST

City *

State *

Zip *

PALM COAST

FLORIDA

32164

Update Password

BACK

Save

* Denotes a required field

1.0.0.259D

Your email must be verified before proceeding.

Clicking OK will return you to the login screen.

A Verification email has been sent to your email address. You will not be able to login again until your email has been verified.

OK

Cancel

You will receive the email verification within 15 minutes. Click the link in the email to verify.

The link will redirect you to the login screen and indicate the email has been verified.

City of Palm Coast Animal Account Email Verification.



donotreply_cdp@palmcoastgov.com

To: me · Thu, Jul 31 at 10:49 AM ▾

Please go to the following link to verify your email address:

[https://cdpservices.palmcoastgov.com/animal_prod/animalweb.dll?v=\\$4F2F3856456644564957354A5075396F5467625756513D3D](https://cdpservices.palmcoastgov.com/animal_prod/animalweb.dll?v=$4F2F3856456644564957354A5075396F5467625756513D3D)

If the link is not clickable, please copy and paste it into your browsers address bar.



Welcome to City of Palm Coast Animal Licensing



I'm not a robot



reCAPTCHA
Privacy · Terms

 **City of Palm Coast Animal Licensing** 

Lookup account using Tag # and Owner ID or Owner Last Name.

Tag Number

Owner #


OR

Last Name

Login with email and password

Your email has been verified.

Email Address

Password 

Add Animal

Complete all the data fields

Be sure to enter if the animal is spayed/neutered to ensure the correct amount for your license is calculated.

SAVE

Home

USER, TEST

Location Address

123 MAIN ST TEST

PALM COAST FL 32164

Mailing Address

123 MAIN ST TEST

PALM COAST FL 32164

Email

Ira*****@pa*****.com

Phone

--*780

Animals

Item	Cart	Paid	Tag	Lic #	Lic Status	Lic Exp	Type	Name	Breed	Sex	Status	Rabies Exp	Fee
------	------	------	-----	-------	------------	---------	------	------	-------	-----	--------	------------	-----

☐ View All Statuses

BACK

Edit Owner

Edit Animal

Add Animal

Update Vaccine Information

Add to Cart

1.0.0.259D

Home

Animal Detail

TOTO

Name *

TOTO

DOB

7/1/2022

Rabies Expiration Date

Type *

DOG

Status *

ACTIVE

Rabies Administered Date

Breed *

CHIWEENIE

☐ Dangerous

☐ Service Animal

☒ Spayed/Neutered

Color *

BROWN AND WHITE

Description / Notes

SHORT HAIR

Gender *

Female

Microchip Number

12345

BACK

Save

* Denotes a required field

1.0.0.259D

Your animal will appear

Click update vaccine information

Enter all information requested

Home

USER, TEST

Location Address

123 MAIN ST TEST

PALM COASTFL32164

Mailing Address

123 MAIN ST TEST

PALM COASTFL32164

Email

lra*****@pa*****.com

Phone

--780

Animals

Item	Cart	Paid	Tag	Lic #	Lic Status	Lic Exp	Type	Name	Breed	Sex	Status	Rabies Exp	Fee
119534	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		119534	APPLY	09/27/2025	DOG	TOTO	CHIWEENIE	F	ACTIVE		\$5.00

Update Vaccine Info

☐ View All Statuses

BACK

Edit Owner

Edit Animal

Add Animal

Update Vaccine Information

Add To Cart

1.0.0.259D

Home

Vaccine Detail

TOTO

Vaccination Type

CANINE RABIES VACCINE

Veterinarian *

-- No Selection --

☐ Exempt

Vaccination Date *

Expires in *

N/A

Vaccination Certificate / Tag Number *

Certification Files *

ALL FIELDS MARKET WITH * MUST BE FILLED IN BEFORE YOU CAN UPLOAD A VACCINATION RECORD

* Required	Description	Status	File Name	Version
<input checked="" type="checkbox"/> Yes	CANINE RABIES VACCINE	MISSING		

BACK

Save

Upload Vaccination Record

Download Vaccination Record

Delete Vaccination Record

* Denotes a required field

1.0.0.259D

Click upload vaccination record (required to register)

Home

Vaccine Detail

TOTO

Vaccination Type

CANINE RABIES VACCINE

Veterinarian *

EZ PET CLINIC

☐ Exempt

Vaccination Date *

7/17/2025

Expires in *

3 Years

Vaccination Certificate / Tag Number *

555555

Certification Files *

ALL FIELDS MARKET WITH * MUST BE FILLED IN BEFORE YOU CAN UPLOAD A VACCINATION RECORD

* Required	Description	Status	File Name	Version
<input type="checkbox"/> Yes	CANINE RABIES VACCINE	MISSING		

* Denotes a required field

BACK

Save

Upload Vaccination Record

Download Vaccination Record

Delete Vaccination Record

1.0.0.259D

Click to upload a file OR you can drag a file to the window to upload.

Attachment Type

CANINE RABIES VACCINE

Click to upload files or drag files to this window.

* Only PDF,JPG,PNG files are accepted at this time.

Save

You will see your animal complete when it appears in green.

At this point, you can add another animal following the same process or complete by clicking 'add to cart' to make a payment.

Home

Vaccine Detail

TOTO

Vaccination Type

CANINE RABIES VACCINE

Veterinarian *

EZ PET CLINIC

☐ Exempt

Vaccination Date *

7/17/2025

Expires in *

3 Years

Vaccination Certificate / Tag Number *

555555

Certification Files *

ALL FIELDS MARKET WITH * MUST BE FILLED IN BEFORE YOU CAN UPLOAD A VACCINATION RECORD

* Required	Description	Status	File Name	Version
<input checked="" type="checkbox"/> Yes	CANINE RABIES VACCINE	PENDING	vaccine record.pdf	1

BACK

Save

Upload Vaccination Record

Download Vaccination Record

Delete Vaccination Record

1.0.0.259D

Home

USER, TEST

Location Address

123 MAIN ST TEST

PALM COAST FL 32164

Mailing Address

123 MAIN ST TEST

PALM COAST FL 32164

Email

Ira*****@pa*****.com

Phone

--780

Animals

Item	Cart	Paid	Tag	Lic #	Lic Status	Lic Exp	Type	Name	Breed	Sex	Status	Rabies Exp	Fee
119534	<input type="checkbox"/>	<input type="checkbox"/>		119534	APPLY	09/27/2025	DOG	TOTO	CHIWEENIE	F	ACTIVE		\$5.00

Add to Cart

BACK

Edit Owner

Edit Animal

Add Animal

Update Vaccine Information

Add To Cart

☐ View All Statuses

1.0.0.259D

When the fees have been added, they will appear in the top right corner.

Click on the cart to make the payment.

Payments made be made by e-check (ACH) or a credit card.

A payment slip may be printed prior to the payment if you need one for your records. (bottom right)

Home

USER, TEST

Location Address

123 MAIN ST TEST

PALM COASTFL32164

Mailing Address

123 MAIN ST TEST

PALM COASTFL32164

Email

Ira*****@pa*****.com

Phone

--*780

Animals

Item	Cart	Paid	Tag	Lic #	Lic Status	Lic Exp	Type	Name	Breed	Sex	Status	Rabies Exp	Fee
119534	<input checked="" type="checkbox"/>	<input type="checkbox"/>		119534	APPLY	09/27/2025	DOG	TOTO	CHIWEENIE	F	ACTIVE		\$5.00

Submit Payment

☐ View All Statuses

BACK

Edit Owner

Edit Animal

Add Animal

Update Vaccine Information

Add To Cart

My Cart - Guest

Items: 1 - Cart Total: \$5.00

Item Type	Item Reference	Status	Fees	Total Fees	Line Description	Status	Fee
Type LL	119534	PENDING	1	\$5.00	1 ANIM LIC FEE - NEUTERED	PENDING	\$5.00

Cart #: 137178

Cart Total:

\$5.00

Item Total:

\$5.00

BACK

History

Verify Item

Remove Item

Pay by eCheck or Credit

Payment Slip

13

When you are completed, the highlighted animals may be added to the cart for payment.

Be sure that all of your animals have been added to the cart.

Your request will be submitted once payment is confirmed, and will prevent further editing of animal data.
Continue?

OK

Cancel

DAISY was added to the cart. Click the Shopping Cart Icon (Top Right) to View and Pay.

OK