

Date: _____



DOG LICENSE REGISTRATION

WMC 6.04.030 – 6.04.040

** \$10.00 registration fee for pets neutered/spayed **\$20.00 registration fee for unneutered/unspayed.*

VACCINATION RECORDS IS REQUIRED.

ATTN: Please use drop down arrows for correct Reporting Year and Other.

RECEIVED FORM WILL NOT BE CORRECTED IF REPORTED INCORRECTLY.

Owner Name: _____ Dog Tag #: _____

Mailing Address: _____

Phone #: _____

Email Address: _____

Residency: () Permanent () Temporary/Seasonal

Dog Name: _____ Dog Breed: _____

Gender: () Male () Female

Birthday: _____

Age: _____

Color/s and/or Marking/s: _____

Is the Dog Spayed/Neutered? () Yes () No

*Vaccination Proof: () Yes () No

*Vaccination Type/s: _____ (see proof)

*Next Vaccination Renewal: _____

Request for a new tag? () Yes () No

Copy of receipt? () Yes () No

Owner Signature or Initial: _____

OFFICE USE ONLY

Issued New Tags? () Yes () No

Method of Pay: () Cash () Credit Card () Check () Other

Receipt #: _____

Received By: _____