


DOG LICENSE REGISTRATION WMC 604.030 - 6.04.040		 CITY OF WHITTIER ALASKA		DOG LICENSE NUMBER	
OWNER NAME					
PHONE					
MAILING ADDRESS					
EMAIL ADDRESS					
PET DESCRIPTION					
DOG NAME		BREED			
GENDER		COLOR(S)			
D.O.B. / AGE		MARKING(S)			
VACCINATION / SPAY-NEUTER					
IS DOG SPAYED - NEUTERED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		PROOF OF VACCINATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Rabies <input type="checkbox"/> Bordetella <input type="checkbox"/> DAPP <input type="checkbox"/> Multiple with Rabies <input type="checkbox"/> Other: _____					
OWNER SIGNATURE		DATE			
FOR OFFICE USE ONLY					
NEW TAGS ISSUED		<input type="checkbox"/> YES <input type="checkbox"/> NO		TAG #	
EMAIL ADDRESS		RECEIPT #			
PAYMENT METHOD		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card			
FOR OFFICE USE ONLY					