**CITY OF MUKILTEO**

Police Department • 10500 47TH Place West • MUKILTEO, WASHINGTON 98275

**DOG LICENSE APPLICATION**

OWNER NAME ____________________________________________________________________________

(PLEASE PRINT)

HOME PHONE # __________________ WORK PHONE # __________________

STREET/MAILING ADDRESS ________________________________________________________________________________________

ALTERNATE/EMERGENCY CONTACT NAME ____________________________________________________________________________

PHONE # _________________________________________________________________________________________

NOTE: IN THE EVENT THAT YOUR ANIMAL SHOULD BE PICKED UP BY THE ANIMAL CONTROL OFFICER, WE ASK THAT YOU ASSIST
THE CITY OF MUKILTEO IN RETURNING YOUR ANIMAL TO YOUR HOME, RATHER THAN TO PAWS, BY PROVIDING THE NAME
OF A NEIGHBOR OR RELATIVE WHO MAY BE ABLE TO HOLD YOUR ANIMAL UNTIL YOU HAVE RETURNED HOME.

**DOG INFORMATION**

NAME ___________________ BREED ___________________

COLOR ___________________ SEX ___________________

IS YOUR DOG SPAYED/NEUTERED? _______ DATE OF LAST INOCULATION _______
(MUST SUBMIT PROOF, IF APPLICABLE) (PROOF OF RABIES INOCULATION REQUIRED)

MICROCHIP BRAND ___________ # ___________

NAME & PHONE NUMBER OF VETERINARIAN ____________________________________________________________________________

PHONE NUMBER _________________________________________________________________________________________

I AM THE OWNER OF THE ABOVE LISTED DOG AND TAKE FULL RESPONSIBILITY,

OWNER'S SIGNATURE ___________________ DATE _______________

DRIVER’S LICENSE NUMBER ____________________________________________________________________________

<table>
<thead>
<tr>
<th>1 Year License (Expires 12-31-15)</th>
<th>2015 Fee Schedule</th>
<th>3 Year License (Expires 12-31-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spayed or Neutered</td>
<td>$15.00</td>
<td>Spayed or Neutered</td>
</tr>
<tr>
<td>Unaltered</td>
<td>$30.00</td>
<td>Unaltered</td>
</tr>
</tbody>
</table>

*****For Official Use Only*****

Application Received Date: _______________________
Amount of Fee: ____________________________
Receipt #: ____________________________

License # Issued: _______________________

Issued By: ____________________________