



POLICE DEPARTMENT  
 10500 47<sup>th</sup> Place West • Mukilteo, Washington 98275  
 Telephone (425)263-8100

## 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)

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 \_\_\_\_\_

<b>2010 Fee Schedule</b>			
<b>1 Year License (Expires 12-31-10)</b>		<b>3 Year License (Expires 12-31-12)</b>	
Spayed or Neutered	\$15.00	Spayed or Neutered	\$40.00
Unaltered	\$30.00	Unaltered	\$80.00

<b>****For Official Use Only****</b>			
Application Received Date: _____		License # Issued: _____	
Amount of Fee: _____		Issued By: _____	
Receipt #: _____			