



CITY OF MUKILTEO

Police Department

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 _____

2018 Fee Schedule

| Type of Dog License Purchased | Lifetime License |
|-------------------------------|------------------|
| Spayed or Neutered Dog | \$40.00 |
| Unaltered Dog | \$80.00 |

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

Application Received Date: _____

License # Issued: _____

Amount of Fee: _____

Issued By: _____

Receipt #: _____