



City of Hoquiam

609 Eighth Street, Hoquiam Washington 98550 · (360) 532-5700

CITY ANIMAL LICENSE APPLICATION

APPLICANT:

Last Name	First Name	Middle	Date of Birth	<input type="checkbox"/> Senior Cit
Address				
City	State	Zip	Home Phone	Work Phone

ANIMAL INFORMATION:

Name of Animal	Sex of Animal <input type="checkbox"/> Male <input type="checkbox"/> Female
Breed	Animal Age or Birth Date
Color/ Markings of Animal	
Veterinarian or Animal Chip Code	
Other Information	

VACCINATION/ ALTERATION RECORDS:

Is the Animal Altered? <input type="checkbox"/> Altered <input type="checkbox"/> Not Altered	Is the Animal Currently Vaccinated Against Rabies? <input type="checkbox"/> Current Last Vaccination: _____
---	---

As the owner of the above listed animal, I hereby certify to the City of Hoquiam that the information provided on this application is true and correct. I understand that I must maintain current rabies vaccinations on my animal and may be required to surrender proof of such vaccination and/or treatment records to the City at any time. I will update the City with my current address and phone number should it change at any time during this license period. I understand that making a false statement on this application is a criminal offense. This license may not be transferred from one owner to another or from one animal to another.

OWNER SIGNATURE: _____ DATE: _____

ANIMAL LICENSE (to be completed by City Staff):

<input type="checkbox"/> \$20 Unaltered Dog or Cat (yearly) <input type="checkbox"/> \$5 Altered Dog (yearly) <input type="checkbox"/> \$25 Altered Dog- Lifetime License <input type="checkbox"/> \$3 Altered Dog- Senior Citizen <input type="checkbox"/> \$10 Late Fee (after July) <input type="checkbox"/> \$3 Replacement for Lost Tags <input type="checkbox"/> \$0 Seeing Eye Dog/ Disabled Assist Dog/ Government Dog/ Altered Cat	<input type="checkbox"/> \$10 Unaltered Dog or Cat (half-year) <input type="checkbox"/> \$2.50 Altered Dog (half-yearly)
License No. (year) -	Total Fees: \$
Approved By: _____	Date: _____