

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 Senior Cit	
Address				
City	State	Zip	Home Phone	Work Phone

ANIMAL INFORMATION:

Name of Animal	Sex of Animal Male 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? Altered Not Altered	Is the Animal Currently Vaccinated Against Rabies? Current Last Vaccination:
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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):

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