



PO Box 2007, 1300 First St.
 Cosmopolis, WA 98536
 (360) 532-9230 Phone (360) 532-9215 Fax
 www.cosmopoliswa.gov

ANIMAL LICENSE APPLICATION

Owner

Name _____
 Address _____
 Phone _____

Animal

Dog Cat

Name _____
 Breed _____
 Color/Markings _____
 Animal Age _____

Male Female
 Altered Unaltered

Does animal have current rabies vaccination?

Yes No

As owner of the above listed animal, I hereby certify that the information provided 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 the license period. 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)

License # _____ Total Fees _____
 Issue Date _____

 Clerk/Deputy Clerk