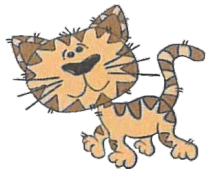

PO Box 2007, 1300 First St. Cosmopolis, WA 98537
(360) 532-9230 www.cosmopoliswa.gov

ANIMAL LICENSE APPLICATION

Owner

Name _____
Address _____
Phone _____

Animal Dog ☐ Cat ☐

Name _____
Breed _____
Color/Markings _____
Animal Age _____

		Annual Unaltered	Annual Altered	Lifetime Altered
FEES:	For Cat or Dog	$25.00	$5.00	$30.00

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