City of Newport

200 S. Washington Avenue

Newport, WA 99156

(509) 447-5611

ANNUAL

Dog License Application

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE DAY TIME #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street / PO Box City State Zip

PHYSICAL ADDRESS *(If different from above)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF DOG(S):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| City Use OnlyTag No. | Dog’s Name | Breed | Color | Sex | Is your dog spayed/neutered | Rabies Vac | Fee |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 **TOTAL AMOUNT ENCLOSED $\_\_\_\_\_\_\_\_\_**

**\*Proof of spay/neuter must be provided the first time a dog is licensed**

FEES: NEUTERED/SPAYED $10.00 UNNEUTERED/UNSPAYED $50.00

 LATE FEE (If licensed after February 28th) $10.00

 **NOTE: You must license your dog by age 6 mos. OR within 30 days of living in town**

PAYMENT METHOD: ❑ CHECK ❑ CASH ❑ VISA/MASTERCARD

 ***Please make checks payable to the City of Newport***

*VISA/MASTERCARD INFORMATION – For mail orders only*

Name on Credit/Debit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit/Debit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Statement Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount to be Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon receipt of this form and payment for your license(s),

the City of Newport will mail the dog tags and a copy of the receipt to you.