



**Town of Darrington**  
**Pet License Application**  
 1005 Cascade St. PO Box 397  
 Darrington, WA 98241  
 P. 360-436-1131 F. 360-436-0221  
[www.town.darrington.wa.us](http://www.town.darrington.wa.us)

**PET OWNER AND VETERINARIAN INFORMATION**

NAME(S)		PHYSICAL ADDRESS		
HOME PHONE	CELL PHONE	CITY	STATE	ZIP
EMAIL ADDRESS		MAILING ADDRESS		
IN CASE OF EMERGENCY	PHONE	CITY	STATE	ZIP

**VETERINARIAN INFORMATION**

VETERINARIAN NAME OR CLINIC NAME	PHONE NUMBER
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**PET # 1 INFORMATION**

___ NEW LICENSE ___ RENEWAL ___ REPLACEMENT TAG		___ CAT ___ DOG	___ MALE ___ FEMALE	SPAYED/NEUTERED
NAME	BREED	COLOR	AGE	MICROCHIP
LICENSE FEE \$	NEW TAG NUMBER	COMMENTS		

**PET # 2 INFORMATION**

___ NEW LICENSE ___ RENEWAL ___ REPLACEMENT TAG		___ CAT ___ DOG	___ MALE ___ FEMALE	SPAYED/NEUTERED
NAME	BREED	COLOR	AGE	MICROCHIP
LICENSE FEE \$	NEW TAG NUMBER	COMMENTS		

**LICENSE FEES**

LIFETIME FEE (DOGS OR CATS)	\$30.00
ANNUAL FEE (DOGS OR CATS)	\$10.00
SENIOR CITIZEN (65+) LIKFETIME FEE (DOGS OR CATS)	\$10.00
REPLACEMENT TAG	\$7.50

**TOTAL AMOUNT DUE**

LICENSE FEE TOTAL	\$
LATE RENEWAL PENATLY	\$
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

**SIGNATURE:** \_\_\_\_\_ **DATE:**            /        /

**OFFICE USE ONLY**

<b>Form of Payment:</b> CASH        CHECK        DEBIT/CREDIT
<b>Authorized Clerk Signature:</b> _____ <b>Date:</b> /        /