



Town of Darrington
Pet License Application
 1005 Cascade St. PO Box 397
 Darrington, WA 98241
 P. 360-436-1131 F. 360-436-0221
www.townofdarrington.com

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 INFORMATION

<input type="checkbox"/> NEW LICENSE <input type="checkbox"/> RENEWAL <input type="checkbox"/> REPLACEMENT TAG		<input type="checkbox"/> CAT <input type="checkbox"/> DOG	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SPAYED/NEUTERED
NAME	BREED	COLOR	AGE	MICROCHIP
LICENSE FEE \$	NEW TAG NUMBER	COMMENTS		

DANGEROUS DOG INFORMATION

_____ PROOF OF PROPER ENCLOSURE WITH PROPER SIGNAGE
_____ PROOF OF INSURANCE FOR ONE YEAR
_____ PROOF OF MICROCHIP

LICENSE FEES

LIFETIME FEE (DOGS OR CATS)	\$30.00
ANNUAL FEE (DOGS OR CATS)	\$10.00
SENIOR CITIZEN (65+) LIFETIME FEE (DOGS OR CATS)	\$10.00
REPLACEMENT TAG	\$7.50
ANNUAL DANGEROUS DOG (INCLUDES ANNUAL FEE OF \$10)	\$100.00
LATE RENEWAL PENALTY	\$5.00

TOTAL AMOUNT DUE

LICENSE FEE TOTAL	\$
REPLACEMENT TAG FEE	\$
LATE RENEWAL PENALTY	\$
DANGEROUS DOG	\$
TOTAL AMOUNT DUE	\$

SIGNATURE: _____ DATE: _____ / _____ / _____

OFFICE USE ONLY

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