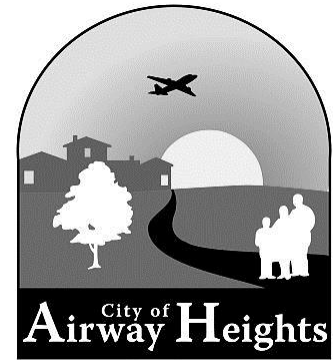


DOG CERTIFICATION



Owner Name: _____

Phone Number: _____ Date: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

		Dog 1	Dog 2	Dog 3
License Type:	Renewal ___ New ___	Renewal ___ New ___	Renewal ___ New ___	Renewal ___ New ___
	Lifetime _____	Lifetime _____	Lifetime _____	Lifetime _____
Dog Name				
Color				
Breed				
Sex		Male ___ Female ___	Male ___ Female ___	Male ___ Female ___
Spayed or Neutered:		Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Immunizations:	Rabies Exp Date _____	Exp Date _____	Exp Date _____	Exp Date _____
	Parvo Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
	Distemper Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Receipt# _____	Tag #	Tag #	Tag #	Tag #

Late fees will be added after March 1 unless:

- () I have owned the dog less than 30 days
- () I have been a resident of Airway Heights for less than 30 days
- () I am sixty-two (62) years of age or older ID Verified – Initials _____

Fees per dog

- \$ 5.00 **Lifetime (Owner over 62 and dog is Spayed or Neutered) Good for the life of the dog**
- \$ 5.00 **Replacement Tags or Service Animal**
- \$15.00 **Spayed or Neutered and current vaccinations (Parvo & Distemper)**
- \$25.00 **Spayed or Neutered and not current vaccinations (Parvo & Distemper)**
- \$25.00 **Not Spayed or Neutered and on current vaccinations (Parvo & Distemper)**
- \$35.00 **Not Spayed or Neutered and not current vaccinations (Parvo & Distemper)**
- \$15.00 **Late fee if processed March 1 – May 1st**
- \$25.00 **Late fee if processed after May 1st**

I hereby certify, under penalty of perjury, that the information provided herein is true and correct. I understand that false information furnished on this certification may subject me to a fine and/or jail sentence. Permanent tags are only valid for the originally registered animal and may not be transferred to another person or animal. Rabies expiration date now required to be tracked. WAC 246-100-197

*****UNABLE TO LICENSE WITH OUT PROOF OF RABIES VACCINATION RECORD*****

Applicant Signature: _____ Date: _____