

Purchase Date: _____ Expiration Date: _____ Tag # _____

Issued by: _____



YAKIMA COUNTY SHERIFF'S OFFICE

Robert Udell, Sheriff

P.O. Box 1388 Yakima, Washington 98907

TELEPHONE: (509) 574-2500

Toll Free: 1-800-572-0490

YAKIMA COUNTY DOG LICENSE APPLICATION

	<u>1 YR TAG</u>	<u>3 YR TAG</u>
<u>Unspayed/Unneutered Dog</u>	\$30.00	\$78.00
<u>Spayed/Neutered Dog</u>	\$15.00	\$37.00
	<u>Replacement</u>	\$ 5.00

Seniors 62 and over with dogs that ARE spayed or neutered- **Lifetime Tag \$25.00**

Seeing eye dogs, hearing ear dogs and handicapped service dogs- **Lifetime Tag \$NO FEE**

****Service Dog Certification Attached: Yes / No (circle one)****

OWNER INFORMATION:

NAME: _____ DATE OF BIRTH: _____

LAST

FIRST

MI

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

(IF DIFFERENT THAN ABOVE)

EMAIL ADDRESS: _____

HOME PHONE () _____ WORK PHONE () _____

MAY WE RELEASE YOUR PHONE NUMBER TO A CITIZEN THAT FINDS YOUR DOG? _____

DOG INFORMATION:

PREVIOUS DOG TAG (if applicable)# _____ DOG NAME: _____

BREED: _____ COLOR: _____

SEX: MALE / FEMALE (circle one) AGE: _____ ALTERED (spayed/neutered): YES / NO (circle one)

Vaccination purchased from: _____

Alteration done by: _____

Microchip # (if applicable) _____ Microchip Issuer: _____

I hereby certify under penalty of perjury under the laws of the State of Washington that the information submitted on this application is true and correct, including that my dog is *CURRENT* with regards to his/her rabies vaccination and my dogs spay or neuter status.

Signature: _____

Additional Dog Information on back

Dog 2:

PREVIOUS DOG TAG (if applicable)# _____ DOG NAME: _____

BREED: _____ COLOR: _____

SEX: MALE / FEMALE (*circle one*) AGE: _____ ALTERED (*spayed/neutered*): YES / NO (*circle one*)

Vaccination purchased from: _____

Alteration done by: _____

Microchip # (if applicable) _____ Microchip Issuer: _____

DOG 3:

PREVIOUS DOG TAG (if applicable)# _____ DOG NAME: _____

BREED: _____ COLOR: _____

SEX: MALE / FEMALE (*circle one*) AGE: _____ ALTERED (*spayed/neutered*): YES / NO (*circle one*)

Vaccination purchased from: _____

Alteration done by: _____

Microchip # (if applicable) _____ Microchip Issuer: _____

DOG 4:

PREVIOUS DOG TAG (if applicable)# _____ DOG NAME: _____

BREED: _____ COLOR: _____

SEX: MALE / FEMALE (*circle one*) AGE: _____ ALTERED (*spayed/neutered*): YES / NO (*circle one*)

Vaccination purchased from: _____

Alteration done by: _____

Microchip # (if applicable) _____ Microchip Issuer: _____

DOG 5:

PREVIOUS DOG TAG (if applicable)# _____ DOG NAME: _____

BREED: _____ COLOR: _____

SEX: MALE / FEMALE (*circle one*) AGE: _____ ALTERED (*spayed/neutered*): YES / NO (*circle one*)

Vaccination purchased from: _____

Alteration done by: _____

Microchip # (if applicable) _____ Microchip Issuer: _____

DOG 6:

PREVIOUS DOG TAG (if applicable)# _____ DOG NAME: _____

BREED: _____ COLOR: _____

SEX: MALE / FEMALE (*circle one*) AGE: _____ ALTERED (*spayed/neutered*): YES / NO (*circle one*)

Vaccination purchased from: _____

Alteration done by: _____

Microchip # (if applicable) _____ Microchip Issuer: _____