



City of Toppenish Application for Dog License

21 West First Ave, Toppenish WA 98948
Phone (509)865-2080 Fax (509)865-3864

Dog License Fees (One license per dog per year)

- Spayed/Neutered: \$15.00
Proof of alteration required
- Un-spayed/ Un-neutered \$30.00
- Four dogs or more requires an additional Kennel License of \$100.00 per year

Licenses Valid: July 1 thru June 30 each year

Licenses are not pro-rated. *Additional \$2.00 per dog if paid after July 31*

Submit the following information:

1. Completed application (*required*)
2. Certification of Rabies Certification (*required*)
3. Proof of Alteration (*required for discount*)

Owner Information:

_____	_____	_____
Last Name	First Name	Middle
_____ Toppenish, WA 98948		
Physical Address		
_____	_____	_____
Mailing Address	City	State
_____	_____	_____
Home Phone	Work Phone	Message Phone

Dog Information:

_____	_____	_____
# 1 Dog Name	Dog Breed	Color
<input type="checkbox"/> Male <input type="checkbox"/> Female Spay/Neuter Certification <input type="checkbox"/> Yes <input type="checkbox"/> No Rabies Expiration Date: _____		
Is dog at the physical address listed above <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address where dog is located:		
_____	_____	_____
Address where dog located	City	State
_____	_____	_____
	Zip Code	

_____	_____	_____
# 2 Dog Name	Dog Breed	Color
<input type="checkbox"/> Male <input type="checkbox"/> Female Spay/Neuter Certification <input type="checkbox"/> Yes <input type="checkbox"/> No Rabies Expiration Date: _____		
Is dog at the physical address listed above <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address where dog is located:		
_____	_____	_____
Address where dog located	City	State
_____	_____	_____
	Zip Code	

_____	_____	_____
# 3 Dog Name	Dog Breed	Color
<input type="checkbox"/> Male <input type="checkbox"/> Female Spay/Neuter Certification <input type="checkbox"/> Yes <input type="checkbox"/> No Rabies Expiration Date: _____		
Is dog at the physical address listed above <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address where dog is located:		
_____	_____	_____
Address where dog located	City	State
_____	_____	_____
	Zip Code	