



City of Toppenish Application for Dog License

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

Licenses Valid: July 1 thru June 30 each year
Licenses are not pro-rated.

Submit the following information:

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

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

Owner Information:

<hr/>	<hr/>	<hr/>
Last Name	First Name	Middle
<hr/>		
Physical Address _____ Toppenish, WA 98948		
<hr/>		
Mailing Address _____	City _____	State _____ Zip Code _____
<hr/>		
Home Phone _____	Work Phone _____	Message Phone _____

Dog Information:

<hr/>	<hr/>	<hr/>
# 1 Dog Name	Dog Breed	Color
<hr/>		
<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:		
<hr/>		
Address where dog located _____	City _____	State _____ Zip Code _____

<hr/>	<hr/>	<hr/>
# 2 Dog Name	Dog Breed	Color
<hr/>		
<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:		
<hr/>		
Address where dog located _____	City _____	State _____ Zip Code _____

<hr/>	<hr/>	<hr/>
# 3 Dog Name	Dog Breed	Color
<hr/>		
<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:		
<hr/>		
Address where dog located _____	City _____	State _____ Zip Code _____