



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)

	Altered	Unaltered
1 st – 3 rd	\$15.00/ dog	\$30.00/ dog
4 th – 6 th	\$25.00/ dog	\$50.00/ dog
7 th & up	\$35.00/ dog	\$70.00/ dog

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*)

Owner Information:

_____	_____	_____	_____
Last Name	First Name	Middle	
_____ Toppenish, WA 98948			
Physical Address			
_____	_____	_____	_____
Mailing Address	City	State	Zip Code
_____	_____	_____	_____
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