

Dog License Form

*****We need a copy of your dog's rabies before we can issue a new license!*****

If you are mailing your renewal, please fill out the following and mail a check payable to the **"City of Kalama", PO Box 1007, Kalama, WA 98625**. After processing, you will be sent the dog license(s). If you have any questions or need additional information, please call the office at (360) 673-4908. Thank you!

FOR OFFICE USE ONLY:

Dog's Tag # & Rabies Exp:

Initials _____ Date _____

Dog License Pricing: Spayed or Neutered: \$10.00
After January 31st Unaltered: \$25.00
these fees double. (If previously licensed)

Name: _____ Phone: _____

Physical Address: _____

Mailing Address (if different): _____

Veterinarian Clinic: _____ Phone: _____

Please list your dog's name(s) with the breed, gender (M or F), age, colors, microchip number, and indicate if the dog is altered (yes or no)*:

09 Tag #	Dog's Name	Breed	Gender	Age	Color(s)	Microchip Number	Altered

Does your dog(s) have any special markings that stand out as different? If so, please list the name of the dog and a brief description of the markings*:

Dog's Name	Brief Description of Unique Markings