



# City of Kalama

## Dog License Application

PO Box 1007 • Kalama, WA 98625  
 (360) 673-4908 • Fax (360) 673-4560  
[www.cityofkalama.com](http://www.cityofkalama.com)

|   |   |
|---|---|
| <b>CIRCLE ONE</b><br><br>New Application<br><br>Renewal | License Year:<br><div style="text-align: center; color: blue; font-weight: bold;">2019</div> Receipt Number:<br><br>Approved By/Date: |
|---|---|

|              |                     |
|--------------|---------------------|
| Owner's Name | Veterinarian Clinic |
|--------------|---------------------|

|                 |                    |
|-----------------|--------------------|
| Mailing Address | Veterinarian Phone |
|-----------------|--------------------|

|                  |                   |   |
|------------------|-------------------|---|
| Physical Address | Email             | <b>Dog License Pricing:</b><br>Spayed or Neutered: \$15.00<br>Unaltered: \$30.00<br><br><div style="text-align: center; color: red; font-weight: bold;"> <b>Renewals Only:</b><br/> <b>After January 31<sup>st</sup> Above Fees Double</b> </div> |
| Phone Number     | Rabies Expiration |   |

| Dog's Name | Breed | Colors | Gender | Altered? | Microchip # |
|------------|-------|--------|--------|----------|-------------|
|            |       |        |        |          |             |
|            |       |        |        |          |             |
|            |       |        |        |          |             |
|            |       |        |        |          |             |
|            |       |        |        |          |             |
|            |       |        |        |          |             |

\*\*\* A copy of your dog's rabies certificate is needed before a license can be issued \*\*\*

| Office Use Only: |            |                        |
|------------------|------------|------------------------|
| Tag Number       | Dog's Name | Rabies Expiration Date |
|                  |            |                        |
|                  |            |                        |
|                  |            |                        |
|                  |            |                        |
|                  |            |                        |
|                  |            |                        |

This form can be completed and payment submitted online at [cityofkalama.com](http://cityofkalama.com). Select "Pay Your Bill" at the top of the City's home page and you will be guided through the payment process. If you are mailing your renewal, please send the completed form and a check payable to the **City of Kalama, PO Box 1007, Kalama, WA 98625**. After processing, you will be sent the dog license(s). **To assist in identifying your pet, please email a picture of your dog to [apclerk@kalama.com](mailto:apclerk@kalama.com)**. If you have any questions or need additional information, please call the office at (360) 673-4908.

**Thank you!**

THIS LICENSE EXPIRES ON DECEMBER 31<sup>ST</sup> OF THE CURRENT YEAR