

DOG CERTIFICATION

YEAR 2012



Owner Name: _____
 Phone Number: _____ Date: _____
 Physical Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

		Dog 1	Dog 2	Dog 3
License Type:	Renewal ___ New ___	Renewal ___ New ___	Renewal ___ New ___	Renewal ___ New ___
	Permanent _____	Permanent _____	Permanent _____	Permanent _____
Dog Name				
Color				
Breed				
Sex		Male ___ Female ___	Male ___ Female ___	Male ___ Female ___
Spayed or Neutered:		Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Immunizations:		Rabies Exp Date _____	Rabies Exp Date _____	Rabies Exp Date _____
		Parvo Yes ___ No ___	Parvo Yes ___ No ___	Parvo Yes ___ No ___
		Distemper Yes ___ No ___	Distemper Yes ___ No ___	Distemper Yes ___ No ___

- () I have been a resident of Airway Heights for less than 30 days
 () I am sixty-two (62) years of age or older *ID Verified Initials* _____
 () I have owned the dog less than 30 days

I hereby certify, under penalty of perjury, that the information provided herein is true and correct. I understand that false information furnished on this certification may subject me to a fine and/or jail sentence. *Permanent tags are only valid for the originally registered animal and may not be transferred to another person or animal.*

Rabies expiration date now required to be tracked. WAC 246-100-197

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

For Office Use Only

	Dog 1	Dog 2	Dog 3
Tag No. Issued			
Treas. Receipt No.			
A/R No.			

Permanent tags start with #1000.