

**CITY OF MATTAWA
P.O. BOX 965
MATTAWA, WA. 99349
DOG LICENSE RENEWAL FORM**

DATE: _____

OWNER'S NAME: _____ PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

INFORMATION ABOUT MY DOG

NAME: _____

BREED: _____

COLOR: _____

MALE: _____ FEMALE: _____

NEUTERED: _____ SPAYED: _____

FEES

SPAYED OR NEUTERED: \$10.00 PER DOG

NON-SPAYED OR NEUTERED: \$15.00 PER DOG

MAKE CHECKS PAYABLE TO: CITY OF MATTAWA

LICENSE NUMBER

RECEIPT NUMBER

NOTE:

PLEASE HAVE YOUR RABIES VACCINATION RECEIPT FROM THE VETERINARIAN SHOWING THE DATE OF VACCINATION EXPIRATION WITH YOU. THIS IS A MUST TO LICENSE YOUR DOG IN MATTAWA. IF YOU DO NOT HAVE PROOF OF RABIES VACCINATION, NO LICENSE WILL BE ISSUED. PLEASE USE ONE FORM PER DOG.