



TOWN OF WOODWAY

23920 113th Place W. · Woodway · WA 98020
206.542.4443 · 206.546.9453 fax
www.townofwoodway.com

OFFICE USE ONLY

License #:

Fee:

Receipt #:

Date Received:

DOG LICENSE APPLICATION

Owner's Name:			
Street Address:			
City, State, ZIP:			
Mailing Address (if different):			
City, State, ZIP:			
Telephone:		Alternate Telephone:	
Name of Dog:		Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Color:	Breed:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Veterinarian:			
Veterinarian Telephone:			

Signature of Applicant

Date