



TOWN OF WOODWAY

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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