



5 N. GARDEN AVENUE * P.O. BOX 99 * ROCK ISLAND, WA 98850
(509) 884-1261 * treasurer@rockislandwa.gov

DOG LICENSE APPLICATION

Owner Name: _____ Date: _____

Owner Address: _____

Mailing Address: _____

Owner Phone Number: _____

Pet Names: _____

Male: _____ OR Female: _____ Dog License # _____ Age _____

Breed _____ Color _____

Spayed or Neutered: Y _____ N _____, if yes, please provide verification

Microchipped: Y _____ N _____, if yes, please provide verification

Please Check one

Registration Fee if Spayed/Neutered and Chipped \$5.00 _____

Registration Fee if Chipped Only \$7.00 _____

Registration Fee if Spayed/Neutered Only \$10.00 _____

Registration Fee for all other dogs \$20.00 _____