



THE TOWN OF WOODWAY

23920 113th Place W. · Woodway, WA 98020
206.542.4443 · 206.546.9453 fax
<http://www.townofwoodway.com/permits/development.htm>

License #:

Date Issued:

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:		

Applicant Signature

Date