



Pet License



Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Veterinary Clinic Name: _____ Phone: _____

Pet #1 Information

Name: _____ Primary color: _____ Weight: _____ Breed: _____

Male/Female
(circle one)

Dog/Cat
(circle one)

Spayed/Neutered: Yes/No
(circle one)

Mixed Breed? Yes/No
(circle one)

Date of Birth or Approx. Age: _____ Microchip Number: _____

Rabies Vaccine: Vaccination Date: _____ Expiration Date: _____

Pet #2 Information

Name: _____ Primary color: _____ Weight: _____ Breed: _____

Male/Female
(circle one)

Dog/Cat
(circle one)

Spayed/Neutered: Yes/No
(circle one)

Mixed Breed? Yes/No
(circle one)

Date of Birth or Approx. Age: _____ Microchip Number: _____

Rabies Vaccine: Vaccination Date: _____ Expiration Date: _____

Your license application will not be complete without:

1. Current copies of Rabies Vaccinations status
2. Proof of spay/neuter if receiving a spayed/neutered license
3. License fee: \$15 per year for spayed/neutered pets. Non spayed/neutered pets are \$30 per year

Mail or take license application to:

Monroe Police Department
818 W. Main Street
Monroe, WA 98272

FOR OFFICE USE ONLY:

PET #1: NEW LICENSE # _____ EXISTING LICENSE# _____ DATE STAMP: _____

PET #2: NEW LICENSE # _____ EXISTING LICENSE# _____