



ANIMAL CONTROL UNIT
**DOG LICENSE
 APPLICATION**

DOG OWNER'S NAME	
STREET ADDRESS	
CITY STATE ZIP	
MAILING ADDRESS	
CITY STATE ZIP	
PHONE #1	
PHONE #2	
DOG'S NAME	
DOG'S BREED	
DOG'S GENDER	
DOG'S COLOR(S)	

- THIS DOG IS SPAYED OR NEUTERED – INCLUDE A CHECK FOR \$5 LICENSE FEE
- THIS DOG IS NOT SPAYED OR NEUTERED – INCLUDE A CHECK FOR \$25 LICENSE FEE

IMPORTANT: INCLUDE A COPY OF THIS DOG'S CURRENT VACCINATION RECORD

Please send this application, a check for the appropriate licensing fee, and a copy of the dog's current vaccination record to:

Grant County Sheriff's Office
 Dog Licensing
 P.O. Box 37
 Ephrata, WA 98823

Questions? Please call 509-754-2011 ext. 468