



# PET LICENSE APPLICATION

c/o Kitsap Humane Society  
 Licensing Agent  
 9167 Dickey RD NW  
 Silverdale, WA 98383  
 (360) 692-6977

## OWNER INFORMATION

Last Name		First Name	
Mailing Address			
City		State	Zip Code
Physical Address (House & Street Number)			
Phone Number			
Email Address			

<u>LICENSE FEES</u>	<u>DOG</u>	<u>CAT</u>
Altered Pet*	\$12.50	\$7.50
Unaltered Pet	\$37.50	\$37.50
Senior Citizen Permanent Tag (One-time fee / must complete Senior Citizen Attestation below)	\$12.50	\$12.50
Replacement Tag	No Charge	No Charge

## PET INFORMATION

Name	Breed	Color	Dog	Cat	Age	S/N*	Sex	For Office Use Only	
								License #	Amount

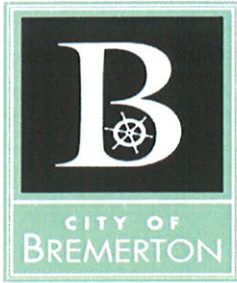
SENIOR CITIZEN ATTESTATION: I, \_\_\_\_\_ (print name) attest that I am 65 years or older and my pet(s) listed above have been spayed or neutered and therefore, qualify for the Senior Citizen Permanent Pet Tag.

Senior Citizen Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only	Receipt Number	Total Paid	Date Issued	Expiration Date
Staff Initials:				

\* S-Spayed Female / N-Neutered Male. Verified by Reviewing Spay/Neuter Certificate



**PET LICENSE APPLICATION  
SERVICE ANIMAL**

c/o Kitsap Humane Society  
Licensing Agent  
9167 Dickey RD NW  
Silverdale, WA 98383

(360) 692-6977

**OWNER INFORMATION**

Last Name		First Name	
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<b><u>SERVICE ANIMAL</u></b>	<b><u>NO CHARGE</u></b>
Must complete Service Animal Attestation below **	

**PET INFORMATION**

Name	Breed	Color	Dog	Cat	Age	S/N*	Sex	For Office Use Only	
								License #	Amount

**\*\*SERVICE ANIMAL ATTESTATION:** I, \_\_\_\_\_ (print name) attest that the above listed pet is a service animal.

\_\_\_\_\_  
Signature of Service Animal Owner

\_\_\_\_\_  
Date

**SENIOR CITIZEN ATTESTATION:** I, \_\_\_\_\_ (print name) attest that I am 65 years or older and my pet(s) listed above have been spayed or neutered and therefore, qualify for the Senior Citizen Permanent Pet Tag.

\_\_\_\_\_  
Senior Citizen Signature

\_\_\_\_\_  
Date

For Office Use Only	Receipt Number	Total Paid	Date Issued	Expiration Date
Staff Initials Here:				

\* S-Spayed Female / N-Neutered Male. Verified by Reviewing Spay/Neuter Certificate