



TOWN OF WOODWAY

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

License #:

Date Issued:

ANIMAL LICENSE APPLICATION

Owner's Name:	
Street Address:	
City, State, ZIP:	
Mailing Address (if different):	
City, State, ZIP:	
Email Address:	
Telephone:	Alternate Telephone:
Name of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	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