



City of Newport  
 200 S. Washington Avenue  
 Newport, WA 99156  
 (509) 447-5611

## ANNUAL Dog License Application

OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ HOME \_\_\_\_\_  
 Street / PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_ WORK \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DESCRIPTION OF DOG(S):**

City Use Only Tag No.	Dog's Name	Breed	Color	Sex	Is your dog spayed/neutered	Fee

**TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_**

FEES: NEUTERED/SPAYED \$10.00  
 UNNEUTERED/UNSPAYED \$50.00  
 LATE FEE (If licensed after February 28<sup>th</sup>) \$10.00

**\*Proof of spay/neuter must be provided the first time a dog is licensed**

**NOTE: You must license your dog by age 6 mos. OR within 30 days of living in town**

PAYMENT METHOD:  CHECK     CASH     VISA/MASTERCARD  
**Please make checks payable to the City of Newport**

VISA/MASTERCARD INFORMATION

Name on Credit/Debit Card: \_\_\_\_\_  
 Credit/Debit Card #: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Billing Statement Zip Code: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Amount to be Paid: \$ \_\_\_\_\_  
 Signature: \_\_\_\_\_

Upon receipt of this form and payment for your license(s),  
 the City of Newport will mail the dog tags and a copy of the receipt to you.