



City of Nooksack
103 W. Madison St.
Nooksack, WA 98276
(360) 966-2531

DOG LICENSE APPLICATION

JAN. - DEC. _____

Dog's Name: _____
Sex: _____ Male _____ Female

Breed: _____	Color: _____
Spayed or Neutered: _____ Yes _____ No	

License Fee: (check box that applies)	
Spayed or Neutered	<input type="checkbox"/> \$10
Unaltered	<input type="checkbox"/> \$20

Owner Information (PLEASE PRINT):

Name: _____	
Address: _____	
Home Phone: _____	Other Phone: _____

Please make check payable to:
Mailing Address:

City of Nooksack
103 W. Madison St
Nooksack, WA 98276