



Wenatchee Valley Animal Care & Control
1474 S Wenatchee Avenue
PO Box 1965
Wenatchee, WA 98801
Phone: (509) 662-9577
Fax: (509) 665-7612

Licensing Form

Owner Information

Name _____ Driver's License _____ State Issued _____ DOB _____
Physical Address _____ State _____ Zip _____
Mailing Address _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Mobile Phone _____
Email Address _____

Pet Information

Name _____	Age _____	Sex _____	Weight _____	Microchip _____
Breed _____	Secondary Breed _____			
Primary Color _____	Secondary Color _____			
Rabies Vaccination Date _____	Expiration _____	Veterinarian _____		
Previous License Number _____				
Has your pet been spay/neutered? _____	Veterinarian _____			

Name _____	Age _____	Sex _____	Weight _____	Microchip _____
Breed _____	Secondary Breed _____			
Primary Color _____	Secondary Color _____			
Rabies Vaccination Date _____	Expiration _____	Veterinarian _____		
Previous License Number _____				
Has your pet been spay/neutered? _____	Veterinarian _____			

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Breed _____	Secondary Breed _____			
Primary Color _____	Secondary Color _____			
Rabies Vaccination Date _____	Expiration _____	Veterinarian _____		
Previous License Number _____				
Has your pet been spay/neutered? _____	Veterinarian _____			

I have included a donation of \$ _____ for Wenatchee Valley Humane Society with my enclosed check. To pay over the phone**, please call 509-662-9577

**An additional fee of \$2.00 per animal will be applied.