



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 Number \_\_\_\_\_
Microchip Manufacturer \_\_\_\_\_
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 Number \_\_\_\_\_
Microchip Manufacturer \_\_\_\_\_
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 Number \_\_\_\_\_
Microchip Manufacturer \_\_\_\_\_
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.