City of Willcox Department of Public Safety Humane Division

# DOG LICENSE APPLICATION

Year of license _____ Micro Chip # License # _____

| DATE | DOG'S NAME | DOG'S AGE | BREED |
|---|---|---|---|
| | | | |

| COLOR OF DOG: | SPOTTED ☐ | WHITE ☐ | BLACK ☐ | BROWN ☐ | OTHER-INDICATE ☐ |
|---|---|---|---|---|---|

City of Willcox Department of Public Safety 320 W Rex Allen Drive Willcox, Az 85643 520-384-4673
Shelter Facility located at 1525 E Stewart Road Willcox, Az 85643 520-254-1131

| REGULAR FEE | | | | PERSON WITH DISABILITY OR SENIOR CITIZEN FEE | | | |
|---|---|---|---|---|---|---|---|
| NEUTERED MALE | UN-ALTERED MALE | SPAYED FEMALE | UN-ALTERED FEMALE | NEUTERED MALE | UN-ALTERED MALE | SPAYED FEMALE | UN-ALTERED FEMALE |
| $6.00 | $50.00 | $6.00 | $50.00 | $5.00 | $45.00 | $5.00 | $45.00 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER BE A SENIOR CITIZEN, AGE 65 OR OLDER, OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE **CITY OF WILLCOX D.P.S.** OR IT'S **AGENT.**

| OWNER'S NAME | TELEPHONE NO. | OWNER'S DATE OF BIRTH | | |
|---|---|---|---|---|
| | | MO. | DAY | YR. |

| STREET | APT / UNIT # |
|---|---|
| | |

| CITY | STATE | ZIP CODE |
|---|---|---|
| | AZ | |

| E-MAIL ADDRESS |
|---|
| |

I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS DOG LICENSE APPLICATION. I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF A.R.S. 13-2907-A-1 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

_____
SIGNATURE OF DOG OWNER/APPLICANT REQUIRED

_____
IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

MAIL TO CITY OF WILLCOX DEPARTMENT OF PUBLIC SAFTEY
ATTN: HUMANE DIVISION