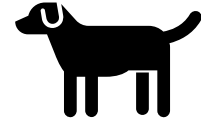


City of Ritzville  
Animal Control Application  
2025



Owner's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City Tag #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**PLEASE NOTE: ANIMAL TAG MUST BE ON THE ANIMAL AT ALL TIMES.**

Dog's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Size: \_\_\_\_\_ Altered: \_\_\_\_\_

Any information the city should know about your pet?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rabies Tag #: \_\_\_\_\_

Date of Shot: \_\_\_\_\_

Expiration: \_\_\_\_\_

As required by the Ritzville Ordinance #742 & Resolution 85-2, I do solemnly swear (or affirm) that the above information is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Date: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Payment received: \_\_\_\_\_