



City of Ritzville
Animal Control Application



2024

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: _____