



**Town of Waukomis**  
121 S. MAIN STREET / P.O. BOX 785- WAUKOMIS, OK 73773  
PHONE-15801758-3242 FAX-15801758-3242

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## Dog Registration

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

NEW APPLICATION

RENEWAL APPLICATION

Owner's Name:

\_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Waukomis Street Address:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Email: \_\_\_\_\_

Dog(s) Name: Dog's Age: Breed: Color: Gender (circle one):

\_\_\_\_\_ M F Permit # \_\_\_\_\_

\_\_\_\_\_ M F Permit # \_\_\_\_\_

\_\_\_\_\_ M F Permit # \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please make sure your dog wears the Waukomis dog license on the collar.

Thank you for licensing!