

CITY of HOONAH

DEPARTMENT of PUBLIC SAFETY

P.O. Box 450 Hoonah, AK 99829 (907) 945-3655 Fax: (907) 945-3658

Pet Registration Owners Name: Last Name: Name of Animal License Tag No: Date Issued: **Contact Information Mailing Address** City: State: Zip: Phone: Cell No: **Physical Address:** Breed: City of Hoonah City of Hoonah I Agree to Abide by the Municipal Code **Municipal Code Ordinances** 6.08.120 Control of Dog 6.04.090 Dog Licensing 6.04.090 Dog Licensing And 6.08.120 Control of Dog If this is an outside dog; Do they have adequate housing and running line? YES No **Employee Initial** Date