

Auburn Animal Licensing Eligibility Form for Disabled Persons

Mail To: **AVHS Licensing** 4910 A St SE Aubum, WA 98092

I am applying for a discounted Auburn Animal License for my altered pet(s). I am eligible for a discounted disabled person's animal license. I have provided the following answers as sworn statements made under oath, and declare them to be true under penalty of perjury. I acknowledge that false statements made on this form may be punishable under RCW 9A.72.040.

I meet one or more of the criteria below:

Check th	e criteria you meet:				
□ I	have a current King County Metro Regional Reduced Fare Permit.				
<u> </u>	he Veterans Administration certifies that I have a disability of at least 40%.				
□ I	have a valid Medicare card issued by the Social Security Administration.				
	have a valid Regional ADA paratransit card issued by Fransit.	King C	ounty M	etro, Pierce 1	Fransit or Sound
	am currently participating in a vocational career program with the Washington State Individual Education Program.				
	am medically disabled as certified by a physician, psychiatrist, psychologist, physician's assistant, advanced egistered nurse practitioner or audiologist, licensed in the State of Washington.				
•	of Auburn reserves the right to request documentation of the annually.	ne item	checke	d above and t	o request completion
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	Printed Name	Phone	Э		
	Signature	Date			
	Street Address	City, S	State, Zip (Code	

Licensing questions: Call Auburn Valley Humane Society 253-249-7849 www.auburnvalleyhs.org/petlicensing