



Animal Rescue Entity License Application

Washington County Animal Services
1901 SE 24th, Ave., MS 53, Hillsboro, Oregon 97123

Entity name: _____ Date _____ / _____ / _____

Primary contact person: _____

Primary address (location where the entity's records are maintained):

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Alternate phone: (_____) _____ - _____

Mailing address: _____

Website: _____ Email: _____

Other Contact information: _____

License fee \$118 _____ enclosed

By signing below, I affirm the information included in this application is true and complete.

Signature of applicant: _____ Date: _____ / _____ / _____

Printed name: _____

OFFICE USE ONLY	
Date application received:	_____ / _____ / _____
Received by:	_____
Approved: Yes	<input type="checkbox"/> No <input type="checkbox"/>
Date approved:	_____ / _____ / _____
Assigned License Number:	_____

No specific land use is approved or implied with the application or approval of this license