University Place Pet License Application



Owner Information	n:							
	Da	Date of Birth		Driver's License #			Email address	
Name					rimary Phone	e #	Alternate Phone #	
Location Address				City			State Zip	
Mailing Address (if different from above)				City			State Zip	
Pet Information:								
Pet Name	Dog/ Cat	Age	Sex	Altered Y/N	Color	Microchip#	Breed	Amount
							Donation	
							Total	
If applicable, please include: Enclose								
Proof of qua	lificatio	n fo	r re	duced f	ees			
Proof of spa	v/neute	r						

Make checks payable and remit payment to:

City of University Place 3609 Market Place W, Suite 200 University Place WA 98466

Office Hours: Monday - Friday 9 a.m. - 12:00 p.m. & 1:00 p.m. - 3:30 p.m.

QUESTIONS?

253.798.4251 or Petlicense@CityofUP.com

LICENSE FEES	DOG	CAT
ALTERED PET (Proof required)	\$23	\$13.80
ALTERED PET (Proof required) Senior Owner (65+)	\$11.50	\$5.75
UNALTERED PET	\$63.25	\$63.25
UNALTERED PET Senior Owner (65+)	\$34.50	\$34.50
JUVENILE PET *Unaltered pets 8wks-6mos of age*	\$23.00	\$13.80
ALTERED THERAPY ANIMAL (Dr. note required)	\$11.50	\$5.75
UNALTERED THERAPY ANIMAL (Dr. note required)	\$34.50	\$34.50
SERVICE/LAW ENFORCEMENT DOGS	No Fee	No Fee
ALTERED PET DISABLED RATE (Proof required)	\$11.50	\$5.75
UNALTERED PET DISABLED RATE (Proof required)	\$34.50	\$34.50