

CITY OF ROY DOG LICENSE APPLICATION/RENEWAL

216 McNaught St S • PO Box 700 • Roy, WA 98580 • (253) 843-1113 • RoyCityHall@CityofRoyWA.us

Licenses are required for all dogs within 30 days of arrival. Roy City Code 6-7-19

If you would like to attach photos of your dog(s), we will use them for identification if needed.

OWNER INFORMATION Name												
Street address												
Mailing if different												
Contact p	Alternate phone											
Email						Over age 65?						
DOG 1 Name							new licen	se	renewa	al li	cense	
Breed	Сс	olor										
☐ Male ☐ Female Arrived in City mm/yy:				/_	Spayed/neutered?							
Microchip	database(brand):											
DOG 2 Name						new license renewal license						
Breed	Co	olor										
☐ Male ☐ Female Arrived in City mm/yy:/_						Spayed/neutered?						
Microchip/tattoo ID number:							database(brand):					
DOG 3 Name						new license renewal license						
Breed					olor							
☐ Male ☐ Female Arrived in City mm/yy:/						Spayed/neutered?						
Microchip/tattoo ID number: database(brand):												
DOG 4 Name								nse	renev	val	license	
Breed Color												
☐ Male ☐ Female Arrived in City mm/yy:/_					Spayed/neutered?							
Microchip/tattoo ID number: database(brand):												
DOG 5 Name						☐ new license ☐ renewal license						
Breed Color												
☐ Male ☐ Female Arrived in City mm/yy:/				_/_		Spayed/neutered?						
Microchip/tattoo ID number: database(b								and)	d):			
FEES EVIDENCE OF SPAY/NEUTER AND/OR MICROCHIP/REGISTERED TATTOO IS REQUIRED IF REQUESTING DISCOUNTED FEE AND MUST BE INCLUDED WITH APPLICATION. Late fee: If licensing more than 30 days after												
	dog's arrival in city		ng after Janu	uary 3	1, please add		per dog.		_	70 ac	ays arter	
Enter applicable amounts:		DOG 1					DOG 4		DOG 5			
Unaltered \$55		\$	\$		\$		\$		\$			
Spayed/neutered \$20		\$	\$		\$		\$		\$			
ID discount 10%		(\$)	(\$		(\$)	(\$)	(\$			
Senior discount 50%		(\$)	(\$)	(\$)	(\$)	(\$)		
Late fee \$30		\$	\$		\$		\$		\$			
Replacement tag \$5		\$	\$		\$		\$		\$		TOTAL	
Prorated initial license adjustment, months of		(¢)	(¢	`	/¢	١	/¢	١	(¢	١	TOTAL	
current year not in City		(\$)	(\$	J	(\$	J	(\$	J	(\$)		
Staff use only. License #:												
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