## **Dog Licence Form**

To obtain additional forms you can go online to southstormont.docupet.com/offline or email us at info@docupet.com



Contact In	formation								
First Name*				Last Name*					
Email Address (req	uired for online account)								
Telephone*				Cellphone					
Mailing Ad	ldress‡								
Street Number* Street Name*					Unit or Apartment	City	City		Postal Code*
*Note that if yo	l ur mailing address is	not the the physical address f	or your pet, you	must complete t	he Physical Addre	ss secti	on belov	V.	
Physical A	ddress								
Street Number* Street Name*					Unit or Apartment	City	City		Postal Code*
Dog Inforn	nation								
Dog's Name*				Dog's Breed*			Dog's DOB (YYYY/MM/DD)		
Gender*	○ Female	Spayed/Neutered*  O Yes O No	Microchipped*	○ No	If yes, provide microchip number				
Colour* Ve		Veterinary Clinic		Tag Type*  ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm)					
Licence Type  O Dog - Spay	ed / Neutered \$2	5.00		O Dog - Intad	ct \$35.00				
Additional	Dog								
Dog's Name*				Dog's Breed*	Dog's D			Dog's DOB (YYYY/MM	1/DD)
Gender*	○ Female	Spayed/Neutered*  O Yes O No	Microchipped*	○ No	If yes, provide microchip number				
Colour* Veterinary Clinic				Tag Type*  ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm)					
Licence Type  ○ Dog - Spay	ed / Neutered \$25	5.00		O Dog - Inta	ct \$35.00				
Payment &	a Donation∗								
S 5 Payment Type	\$10 \$25 \$	ion of	Sum Received* \$						
○ Cash ○ Cheque ○ Mastercard ○ VISA  Credit Card Holder Name			Credit Card Numb		CVC	/C Expiry Date (Y		4)	

Who do I make a cheque out to?

Please make cheques payable to DocuPet.

Where do I mail this form?

DocuPet 2 Gore St Kingston ON K7L 2L1