Dog Licence Form

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



Contact In	formation								
First Name*				Last Name*					
Email Address (red	uired for online account)								
Telephone*				Cellphone					
Mailing Ad	ldress [‡]			'					
Street Number*	Street Name*			Unit or Apartment	City		Postal Code*		
[‡] Note that if yo	ur mailing address is	not the the physical address	s for your pet, you	must complete t	the Physical Address	s section belo	w.		
Physical A	ddress								
Street Number* Street Name*					Unit or Apartment	City		Postal Code*	
Dog Inforr	nation								
Dog's Name*				Dog's Breed*			Dog's DOB (YYYY/MM/DD)		
Gender*	nder* Spayed/Neutered* Microchipped*				If yes, provide microchip number				
\bigcirc Male	○ Female	○ Yes ○ No	○ Yes	○ No					
Colour* Veterinary Clinic				Tag Type* Small (22.5mm x 25mm) Large (30mm x 33.2mm)					
Licence Type/Cos	t								
Additional	Dog								
Dog's Name*			Dog's Breed*		Do		Dog's DOB (YYYY/MN	Dog's DOB (YYYY/MM/DD)	
Gender∗ ○ Male ○ Female		Spayed/Neutered* Yes No	Microchipped*	○ No	If yes, provide microchip number				
Colour* Veterinary Clinic			Tag Type*	2.5mm x 25mm)	5mm x 25mm) ○ Large (30mm x 33.2mm)				
Licence Type/Cos	t								
Pavment 8	⊋ Donation∗								
Yes! I want to help more pets in my community find a safe and happy home. I want to make a donation of \$10 \$25 \$50					Sum Received*				
Payment Type Cheque		○ VISA				\$			
Credit Card Holder Name			Credit Card Number		C	VC	Expiry Date (YYYY/MN	M)	
			<u> </u>						

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