## **Dog Licence Form**

To obtain additional forms you can go online to rdno.docupet.com/regional-district-of-north-okanagan/offline or email us at info@docupet.com



Contact Ir	nformation								
First Name*				Last Name*					
Email Address (red	quired for online account	)							
Telephone*				Cellphone					
Mailing Ad	ddress <sup>‡</sup>								
Street Number*	Street Name*				Unit or Apartment	City		Postal Code*	
<sup>‡</sup> Note that if yo	our mailing address is	s not the the physical addres	ss for your pet, you	ı must complete	the Physical Addres	s section belo	ow.		
Physical A	ddress								
Street Number*	Street Number* Street Name*				Unit or Apartment	City		Postal Code*	
Dog Inforr	nation								
Dog's Name*				Dog's Breed*	g's Breed*			Dog's DOB (YYYY/MM/DD)	
Gender*	Gender* Spayed/Neutered* Microchipped*				If yes, provide microchip number				
○ Male	e								
Colour* Veterinary Clinic			Tag Type*  ○ Small (2		22.5mm x 25mm)				
Licence Type/Cos	t								
 Additional	l Dog								
Dog's Name*				Dog's Breed*	Dog's Breed*		Dog's DOB (YYYY/MN	DOB (YYYY/MM/DD)	
Gender*  O Male  O Female		Spayed/Neutered*  Yes No	Microchipped*	○ No	If yes, provide microchip number				
Colour* Veterin		Veterinary Clinic		Tag Type*  ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm)					
Licence Type/Cos	t								
Pavment &	& Donation∗								
		unity find a safe and happy home.	I want to make a dona	tion of		Sum Re	ceived*		
					\$				
Payment Type						Ф			
○ Cheque ○ Mastercard ○ VISA			0 10 2	C. P.C. IN I		7) (6	(0)		
Credit Card Holder Name			Credit Card Number		C	CVC	Expiry Date (YYYY/MI	<b>√</b> I)	

## 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