Dog Licence Form



To obtain additional forms you can go online to **greaternapanee.docupet.com/offline** or email us at **info@docupet.com**. This form can either be mailed to DocuPet, or brought in by person to the participating locations.

Address & Contact Information

| First Name* | | | | | Last Name* | | | | | | |
|-----------------------------------|------------------|-------------------|--------------------|---|---|---------------------------------|--------|-----------------|------------------------|------------------------|--|
| | | | | | | | | | | | |
| Email Address (required for o | DOB (MM/DD/YYYY) | | | | | M/DD/YYYY) | | | | | |
| Street Number* Street Name* | | | | | | | | | | | |
| | | | | | | | | | | | |
| Unit or Apartment Postal Code | | * | Telephone* | | | | С | Cellphone | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Dog Information | า | | | | | | | | | | |
| Dog's Name* | | | | | Dog's Breed* | | | | | Dog's DOB (YYYY/MM/DD) | |
| | | | | | | | | | | | |
| Gender* | | Spayed/Neutered* | | Microchipped* | | If yes, provide microchip numb | | icrochip number | - | | |
| \bigcirc Male \bigcirc Female | | ○ Yes ○ No | | ○ Yes | ○ No | | | | | | |
| Colour* | | Veterinary Clinic | | | Tag Type* | | | | | | |
| | | | | ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm) | | | | | 30mm x 33.2mm) | | |
| Licence Type | | | | | | | | | | | |
| O Dog - Altered/In | tact \$20.0 | 0 | | | _ | | | | | | |
| Additional Dog | | | | | | | | | | | |
| Dog's Name* | | | | | Dog's Breed* | | | | Dog's DOB (YYYY/MM/DD) | | |
| Gender* | | Spayed/Neutered* | | Microchipped* | | If yes, provide microchip numbe | | icrochip number | | | |
| ○ Male ○ Female | | ○ Yes ○ No | | ○ Yes | ○ No | | | | | | |
| Colour* | | Veterinary Clinic | | | Tag Type* | | | | | | |
| | | | | | ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm) | | | | | 30mm x 33.2mm) | |
| Licence Type | | 1 | | | 1 | | | | | | |
| O Dog - Altered/In | tact \$20.0 | 0 | | | | | | | | | |
| | | | | | - | | | | | | |
| Payment _* | | | | | | | | | | | |
| Payment Type by Mail | | | | | Payment Type in Person | | | | | | |
| ○ Cheque ○ Visa ○ MasterCard | | | | | ○ Cash ○ Debit ○ VISA ○ MasterCard | | | | | | |
| Credit Card Holder Name | | | Credit Card Number | | | | | Expiry Da | | | |
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| | | | 1 | | | 9 | Sum Re | ceived | | | |
| | | | | | | \$ | | | | | |
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Where do I mail this form?

DocuPet 2 Gore St Kingston ON K7L 2L1 Who do I make a cheque out to?

Please make cheques payable to DocuPet