Dog Licence Form

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



Contact Ir	nformation									
First Name*				Last Name*						
Email Address (re	quired for online account)									
Telephone*		Cellphone								
Mailing Ad	ddress [‡]									
Street Number*	Street Name*			Unit or Apartment	Unit or Apartment City			Postal Code*		
‡Note that if yo	our mailing address is	not the the physical addre	ess for your pet, you	must complete	the Physical Addre	ss sectio	n belo	w.		
Physical A	Address									
Street Number*	er* Street Name*				Unit or Apartment	City			Postal Code*	
Dog Infori	mation									
Dog's Name*		Dog's Breed* Dog's DOB			Dog's DOB (YYYY/MN	И/DD)				
Gender* Spayed/Neutered* Microc			Microchipped*	If yes, provide microchip number						
\bigcirc Male \bigcirc Female		○ Yes ○ No	○ No ○ Yes							
Colour* Veterinary Clinic				Tag Type* ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm)						
Licence Type O Spayed/N	leutered Dog \$26.0	0		○ Intact Dog	g \$32.00					
Additiona	l Dog									
Dog's Name*				Dog's Breed*			Dog's DOB (YYYY/MM/DD)			
Gender*		Spayed/Neutered*	Microchipped*		If yes, provide microchip number					
○ Male	○ Female	○ Yes ○ No	○ Yes	○ No						
Colour*		Veterinary Clinic		Tag Type*						
				○ Small (2	22.5mm x 25mm) () [_arge (30mm x 33.2mm)	
Licence Type	lautared Dag \$24.0	10		Olintaat Daa	- ¢22.00					
○ Spayed/N	leutered Dog \$26.0	10		○ Intact Dog	3 \$32.00					
Payment a	& Donation∗									
Yes! I want to help more pets in my community find a safe and happy home. I want to make a donation of							Sum Received*			
	\$10 () \$25 ()				\$					
Payment Type	○ Chague ○ N	lostoreard OVICA					•			
○ Cash ○ Cheque ○ Mastercard ○ VISA Credit Card Holder Name Credit Card				er		CVC		Expiry Date (YYYY/M	M)	
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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