Mammoth Lakes Dog License Form

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



DocuPet Corp.

15 Technology Place, Suite 1 East Syracuse NY 13057

Contact In	formation								
First Name*				Last Name*					
Email Address (rec	uired for online account))							
Telephone*				Cellphone					
	4								
Mailing Ad	ldress ⁺								
Street Number*	t Number* Street Name*				Unit or Apartment	City		Zip Code*	
‡Note that if yo	ur mailing address is	not the the physical address	for your pet, you	ı must complete t	the Physical Address	section belov	w.		
Physical A	ddress								
Street Number*	Street Name*				Unit or Apartment	City		Zip Code*	
Dog Inforr	nation								
Dog's Name*				Dog's Breed*	Dog's DOB (MM/DD/YYYY)			YYYY)	
Gender*			Microchipped*	○ No	If yes, provide microchip number				
Color*	O I Ciliale	Veterinary Clinic	O 163	Tag Type*					
vectinary clinic				○ Small (0.86 inches) ○ Large (1.25 inches)					
License Type Spayed/ N	leutered \$20.00			○ Intact \$50	.00				
Payment &	à 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*		
○ \$5 ○ \$10 ○ \$25 ○ \$50						4	\$		
Payment Type									
○ Check									
	ike a check out hecks payable to					Where do	I mail this form	1?	

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.