

Dog License Application

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



Contact Information

First Name*	Last Name*
Email Address (required for online account)	
Telephone*	Cellphone

Mailing Address[†]

Street Number*	Street Name*	Unit or Apartment	City	Zip Code*
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[†]Note that if your mailing address is not the the physical address for your pet, you must complete the Physical Address section below.

Physical Address

Street Number*	Street Name*	Unit or Apartment	City	Zip Code*
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Dog Information

Dog's Name*		Dog's Breed*		Dog's DOB (MM/DD/YYYY)
Gender* <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered* <input type="radio"/> Yes <input type="radio"/> No	Microchipped* <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number	
Color*	Veterinary Clinic	Tag Type* <input type="radio"/> Small (0.88 inches) <input type="radio"/> Large (1.18 inches)		
License Type <input type="radio"/> Spayed/ Neutered \$20.00 <input type="radio"/> Intact \$50.00				

Payment & Donation*

Yes! I want to help more pets in my community find a safe and happy home. I want to make a donation of <input type="radio"/> \$0 <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50			Sum Received* \$		
Payment Type <input type="radio"/> Check <input type="radio"/> Mastercard <input type="radio"/> VISA <input type="radio"/> VISA Debit <input type="radio"/> American Express <input type="radio"/> Discover					
Credit Card Holder Name		Credit Card Number		CVC	Expiry Date (YYYY/MM)

Who do I make a check out to?

Please make checks payable to DocuPet Corp..

Where do I mail this form?

DocuPet Corp.
235 Harrison St., #61
Syracuse NY 13202