## **Mammoth Lakes Pet License Form**

To obtain additional forms you can go online to mammothlakes.docupet.com/offline or email us at info@docupet.com. Unless otherwise specified, this form must be completed in its entirety.



Contact II	nformation										
First Name					Last N	Last Name					
Email Addre	ess (Optional: requir	red for online account ar	nd electronic re	enewal remina	lers)						
Telephone Phone Type				ре				*DOB (MM/DD/YYYY)			
○ Home ○ N					Mobile O Work						
			*Optional								
Mailing A	ddress										
Street Number	Street Name					Unit or City Apartment				ZIP Code	
If your mailing	address is not the ph	nysical address for you	r pet, you mus	st complete t	he Physical A	Address section b	elow.				
Physical A	Address										
Street Number	Street Name					Unit or Apartment	,			ZIP Code	
Pet Inforn	nation										
Pet's Name					Pet's Breed				Pet's DOB (MM/DD/YYYY)		
Sex	Spayed/Neute		ered Microchipped		If yes, provide micro			ochip number			
○ Male				○ No	○ No						
Color	Veterinary Clinic				Tag Siz	Tag Size					
					○ Sı	○ Small (0.86 inches) ○ Large (1.25 inches)					
License Typ		00			$\circ$	. 450.00					
	Neutered \$20.	UU			∪ Inta	act \$50.00					
Payment											
Payment Ty	/pe					Su \$	Sum Received \$				
You are requir		<b>1</b> opy of your pet's ral ust also provide a sp			_			DocuPet		form?	

will not be mailed back to you.

15 Technology Pl Suite 1 East Syracuse NY 13057