

Pet License Application



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

Contact Information

First Name*		Last Name*	
Email Address (required for online account)			
DOB (MM/DD/YYYY)	Telephone*	Cellphone	

Mailing Address[†]

Street Number*	Street Name*	Unit or Apartment	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	Zip Code*
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Pet Information

Pet's Name*		Pet's Breed*		Pet'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 Cat \$18.00		<input type="radio"/> Intact Dog \$53.00		
<input type="radio"/> Spayed/Neutered Dog \$28.00		<input type="radio"/> Senior Discount - Cat \$13.00		
<input type="radio"/> Intact Cat \$28.00		<input type="radio"/> Senior Discount - Dog \$18.00		

Additional Pet

Pet's Name*		Pet's Breed*		Pet'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 Cat \$18.00		<input type="radio"/> Intact Cat \$28.00		
<input type="radio"/> Spayed/Neutered Dog \$28.00		<input type="radio"/> Intact Dog \$53.00		

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"/> \$5 <input type="radio"/> \$10 <input type="radio"/> \$15 <input type="radio"/> \$20 <input type="radio"/> \$25 <input type="radio"/> \$30 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$_____			Sum Received* \$
Payment Type (If paying for your license(s) by credit card, your order will be subject to a processing fee of 2.9% of the total order, plus \$0.30.) <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)
<input type="checkbox"/> I verify that my pet's information contained within this form is correct and my pet's vaccines are up to date.			Signature

Where do I mail this form?

DocuPet Corp.
235 Harrison St
Mail Drop #61
Syracuse NY 13202

Who do I make a check out to?

Please make checks payable to DocuPet Corp. Note that your check must clear prior to your membership package being mailed.