

Pet Licence Form

To obtain additional forms you can go online to petawawa.docupet.com/offline or email us at info@docupet.com. This form can either be mailed to DocuPet, or brought in by person to The Town of Petawawa.



Address & Contact Information

First Name*		Last Name*	
Email Address (required for online account)			DOB (MM/DD/YYYY)
Street Number*	Street Name*		
Unit or Apartment	Postal Code*	Telephone*	Cellphone

Pet Information

Pet's Name*		Pet's Breed*		Pet's DOB (YYYY/MM/DD)
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	
Colour*	Veterinary Clinic	Tag Type* <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)		
Licence Type <input type="radio"/> Dog - Intact \$25.00 <input type="radio"/> Dog - Intact- Late \$50.00 <input type="radio"/> Dog - Sterilized \$20.00 <input type="radio"/> Dog - Sterilized- Late \$40.00 <input type="radio"/> Cat - Intact \$15.00 <input type="radio"/> Cat - Intact- Late \$30.00 <input type="radio"/> Cat - Sterilized \$10.00 <input type="radio"/> Cat - Sterilized- Late \$20.00				

Additional Pet

Pet's Name*		Pet's Breed*		Pet's DOB (YYYY/MM/DD)
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	
Colour*	Veterinary Clinic	Tag Type* <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)		
Licence Type <input type="radio"/> Dog - Intact \$25.00 <input type="radio"/> Dog - Intact- Late \$50.00 <input type="radio"/> Dog - Sterilized \$20.00 <input type="radio"/> Dog - Sterilized- Late \$40.00 <input type="radio"/> Cat - Intact \$15.00 <input type="radio"/> Cat - Intact- Late \$30.00 <input type="radio"/> Cat - Sterilized \$10.00 <input type="radio"/> Cat - Sterilized- Late \$20.00				

Payment*

Payment Type by Mail <input type="radio"/> Cheque <input type="radio"/> Visa <input type="radio"/> MasterCard		Payment Type in Person <input type="radio"/> Cash <input type="radio"/> Debit <input type="radio"/> Cheque	
Credit Card Holder Name	Credit Card Number	Expiry Date	
<input type="radio"/> I verify that my pet's information contained within this form is correct and my pet's vaccines, including rabies, are up to date		Signature*	
		Sum Received \$	

Where do I mail this form?

DocuPet
2 Gore St
Kingston ON K7L 2L1

Who do I make a cheque out to?

Please make cheques payable to DocuPet