Shelburne Pet Licence Form

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



Contact Ir	nformation									
First Name				Last	Last Name					
Email Addre	ess (Optional: required	for online account and	electronic renewal rem	inders)						
Telephone Phone Typ			hone Type	pe			*DOB (YYYY/MM/DD)			
			○ Home ○ Mobile ○ Work							
					*Optional					
Mailing A	ddress									
Street Number	Street Name				Unit or City Apartment				Postal Code	
		sical address for your p	et, you must complete	e the Physic	al Address	s section belo	w.			
Physical A	ddress									
Street Number	Street Name				Unit or Apartment		City		Postal Code	
Pet Inforn	nation									
Pet's Name					reed			Pet's DOB (YYYY/MM/DD)		
Sex Spa		Spayed/Neutere	ed Microchipped			If yes, provide mic		rochip number		
○ Male				○No			•			
Colour	Veterinary Clinic Tag Size									
		○ Small (22.5mm x 25mm)						Large (30mm	x 33.2mm)	
Licence Typ	e									
○ Spayed/	Neutered Dog \$2	25.00		O lı	ntact Do	og \$35.00				
Payment a	§ 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		
								\$		
Payment Ty	•									
○ Chequ	e									

Who do I make a cheque out to?

Please make cheques payable to DocuPet.

Where do I mail this form?

DocuPet 2 Gore St Kingston ON K7L 2L1