Everett Pet License Form

To obtain additional forms you can go online to everettwa.docupet.com/everett/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: required | for online account an | nd electronic r | enewal remin | ders) | | | | | | | |
| Telephone | | | Phone Type | | | *DOB (MM | | DOB (MM/ | /DD/YYYY) | | | |
| | | | ○ Home ○ Mobile ○ Wo | | | ork | | | | | | |
| | | | | | | | | DOB is require enior citizen d | | determine eligibi nts. | lity to receive | |
| Mailing A | ddress | | | | | | | | | | | |
| Street Number | Street Name | | | | | Unit or Apartment | | City | | | ZIP Code | |
| If your mailing a Physical A | address is not the phys | sical address for your | r pet, you mu | st complete t | the Physical <i>I</i> | Address | section belo | w. | | | | |
| Street Number | Street Name | | | | | Unit or Apartment | | City | | | ZIP Code | |
| Pet Inforn | nation | | | | | | | | | | | |
| Pet's Name | | | | | Pet's Bree | Pet's Breed | | | | Pet's DOB (MM/DD/YYYY) | | |
| Sex | Spayed/Neutered Microchip | | | | pped | ped If yes, provide mic | | | | rochip number | | |
| ○ Male | | | | ○ Yes | | | | | | | | |
| Color Veterinary Clinic | | | | | | Tag Size ○ Small (0.86 inches) ○ Large (1.25 inches) | | | | | | |
| License Typ | е | | | | | | | | | | | |
| ○ Spayed/Neutered Dog \$30.00 ○ Unaltered Dog \$75.00 ○ Spayed/Neutered Cat - Seni ○ Spayed/Neutered Cat \$30.00 ○ Unaltered Cat \$75.00 ○ Spayed/Neutered Cat - Disa | | | | | | | | | or Owner 65+ \$20.00 abled Owner \$20.00 | | | |
| | ust be 65 or older to q | ualify for senior citize | en rates. | | 9 1 | , . | | | | , | | |
| Payment o | & 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 | | | |
| ○ \$12 | | | | | | | | | \$ | | | |
| Payment Type | | | | | | | | | | | | |
| ○ Check | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Who do I make a check out to?

Please make checks payable to DocuPet.

Where do I mail this form?

DocuPet 15 Technology Pl Suite 1 East Syracuse NY 13057