

# Everett Pet License Form

To obtain additional forms you can go online to  
everettwa.demo-us.docupet.com/offline.

Unless otherwise specified, this form must be completed in its entirety.



## Contact Information

|                                                                                        |                                                                                                  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| First Name                                                                             | Last Name                                                                                        |
| Email Address (Optional: required for online account and electronic renewal reminders) |                                                                                                  |
| Telephone                                                                              | Phone Type<br><input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work |
| *DOB (MM/DD/YYYY)                                                                      |                                                                                                  |

\*DOB is required to determine eligibility to receive senior citizen discounts.

## Mailing Address

|               |             |                   |      |          |
|---------------|-------------|-------------------|------|----------|
| Street Number | Street Name | Unit or Apartment | City | ZIP Code |
|---------------|-------------|-------------------|------|----------|

If your mailing address is not the physical address for your pet, you must complete the Physical Address section below.

## Physical Address

|               |             |                   |      |          |
|---------------|-------------|-------------------|------|----------|
| Street Number | Street Name | Unit or Apartment | City | ZIP Code |
|---------------|-------------|-------------------|------|----------|

## Pet Information

|                                                                |                                                                       |                                                                                                 |                                  |                        |
|----------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|------------------------|
| Pet's Name                                                     |                                                                       | Pet's Breed                                                                                     |                                  | Pet's DOB (MM/DD/YYYY) |
| Sex<br><input type="radio"/> Male <input type="radio"/> Female | Spayed/Neutered<br><input type="radio"/> Yes <input type="radio"/> No | Microchipped<br><input type="radio"/> Yes <input type="radio"/> No                              | If yes, provide microchip number |                        |
| Color                                                          | Veterinary Clinic                                                     | Tag Size<br><input type="radio"/> Small (0.86 inches) <input type="radio"/> Large (1.25 inches) |                                  |                        |
| License Type                                                   |                                                                       |                                                                                                 |                                  |                        |
| <input type="radio"/> Spayed/Neutered Dog \$30.00              |                                                                       | <input type="radio"/> Spayed/Neutered Dog - Senior Owner 65+ \$20.00                            |                                  |                        |
| <input type="radio"/> Unaltered Dog \$75.00                    |                                                                       | <input type="radio"/> Spayed/Neutered Cat - Senior Owner 65+ \$20.00                            |                                  |                        |
| <input type="radio"/> Spayed/Neutered Cat \$30.00              |                                                                       | <input type="radio"/> Spayed/Neutered Dog - Disabled Owner \$20.00                              |                                  |                        |
| <input type="radio"/> Unaltered Cat \$75.00                    |                                                                       | <input type="radio"/> Spayed/Neutered Cat - Disabled Owner \$20.00                              |                                  |                        |

\* Pet owners must be 65 or older to qualify for senior citizen rates.

## 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<br><input type="radio"/> \$12 | Sum Received<br>\$ |
| Payment Type<br><input type="radio"/> 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