

# Pet License Application

To obtain additional forms you can go online to [maderacounty.docupet.com/offline](http://maderacounty.docupet.com/offline) or email us at [info@docupet.com](mailto:info@docupet.com)



## Contact Information

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

## Mailing Address<sup>†</sup>

Street Number*	Street Name*	Unit or Apartment	Zip Code*
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<sup>†</sup>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/Cost				

## 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/Cost				

## 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"/> \$10 <input type="radio"/> \$20 <input type="radio"/> \$50 <input type="radio"/> None			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)

### Who do I make a check out to?

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

### Proof of rabies vaccination

Please include the required copy of your pet's rabies certificate. Note that it will not be mailed back to you.

### Where do I mail this form?

DocuPet  
235 Harrison St., #61  
Syracuse NY 13202