## **American Canyon Pet License Form**

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



| Contact I  | nformation              |                           |                        |                                      |           |              |                      |                        |                 |       |  |
|--|-------------------------|---------------------------|------------------------|--------------------------------------|-----------|--------------|----------------------|------------------------|-----------------|-------|--|
| First Name   |                         |                           |                        | Last N                               | Last Name |              |                      |                        |                 |       |  |
| Email Addr   | ess (Optional: required | for online account and e  | lectronic renewal remi | nders)                               |           |              |                      |                        |                 |       |  |
| Telephone  |                         |                           | Phone Type             |                                      |           | *DOB (MM     |                      | I/DD/YYYY)             |                 |       |  |
| ○ Home ○   |                         |                           |                        | Mobile O Work                        |           |              |                      |                        |                 |       |  |
|  |                         |                           |                        |                                      |           | *(           | Optional             |                        |                 |       |  |
| Mailing A  | ddress                  |                           |                        |                                      |           |              |                      |                        |                 |       |  |
| Street<br>Number   | Street Name             | Unit or<br>Apartment      |                        |                                      | City      |              |                      | ZIP Code               |                 |       |  |
| If your mailing  | address is not the phys | sical address for your pe | et, you must complete  | the Physical                         | Address   | section belo | w.                   |                        |                 | I     |  |
| Physical A   | Address                 |                           |                        |                                      |           |              |                      |                        |                 |       |  |
| Street<br>Number   | Street Name             |                           | Unit or<br>Apartment   |                                      | City      |              |                      | ZIP Code               |                 |       |  |
| Pet Inform   | nation                  |                           |                        |                                      |           |              |                      |                        |                 |       |  |
| Pet's Name   |                         |                           |                        | Pet's Breed                          |           |              |                      | Pet's DOB (MM/DD/YYYY) |                 |       |  |
| Sex Spayed/Neute   |                         | Spayed/Neutere            | d Microch              | Microchipped                         |           |              | If yes, provide micr |                        |                 |       |  |
| ○ Male   | ale                     |                           | ○ Ye                   | ○ Yes ○ No                           |           |              |                      |                        |                 |       |  |
| Color  | Color Veterinary Clinic |                           |                        | Tag Size  ○ Small (0.86 inches) ○ La |           |              |                      | rge (1.25 inches)      |                 |       |  |
| License Typ  | oe                      |                           |                        | 0.3                                  | man (c    | o.oo mene.   | o, Care              | ,0 (1                  | 23 menes,       |       |  |
| <ul> <li>Altered Dog License (6 Months) \$15.00</li> <li>□ Unaltered Dog License (1 Year)</li> <li>□ Altered Dog License (1 Year)</li> <li>□ Unaltered Dog License (2 Year)</li> <li>□ Altered Dog License (2 Year)</li> <li>□ Unaltered Dog License (3 Year)</li> <li>□ Unaltered Dog License (1 Year)</li> <li>□ Unaltered Dog License (1 Year)</li> <li>□ Voluntary Cat License (1 Year)</li> <li>□ Unaltered Dog License (2 Year)</li> </ul> |                         |                           |                        |                                      |           |              |                      | r) \$9<br>r) \$1       | 95.00<br>L41.00 |       |  |
| 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   |                         |                           |                        |                                      |           |              |                      | Sum Received           |                 |       |  |
| ○ \$12   |                         |                           |                        |                                      |           |              |                      | \$                     |                 |       |  |
| Payment Ty   | •                       |                           |                        |                                      |           |              |                      |                        |                 |       |  |
| O Check  |                         |                           |                        |                                      |           |              |                      |                        |                 |       |  |
| Please make checks payable to DocuPet. Docu  |                         |                           |                        |                                      |           |              |                      | et                     | o I mail this   | form? |  |

## **Required Documentation**

You are required to provide a copy of your pet's rabies certificate. If you are licensing a new or recently spayed or neutered pet, you must also provide a spay/neuter certificate. Note that document submissions will not be mailed back to you.

Suite 1

East Syracuse NY 13057