## **Del Mar Dog License Form**

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



15 Technology Place, Suite 1 East Syracuse NY 13057

Contact I	nformation											
First Name					Last Na	Last Name						
Email Addr	ess (Optional: required	l for online account and	d electronic ren	newal remin	ders)							
Telephone			Phone Type			*DOB (MM			I/DD/YYYY)			
			○ Home ○ Mobile ○ Wo			ork						
							k	*Optional				
Mailing A	ddress											
Street Number	Street Name					Unit or Apartment		City			ZIP Code	
If your mailing	address is not the phy	sical address for your <sub>l</sub>	pet, you must	complete t	the Physical A	Address	s section bel	ow.			1	
Physical A	Address											
Street	Street Name					Unit or Apartment		City			ZIP Code	
Number												
Dog Infor	rmation							'				
					Dog's Bre	og's Breed				Dog's DOB (MM/DD/YYYY)		
Sex				Microchipped			If yes, provide microchip number					
O Male			10	○ Yes ○ No								
Color Veterinary C			_			ze mall (0.86 inches)						
License Ty	pe					man (	o.co mene	33, <u>C Lar</u> 8	50 (1	120 menes,		
	Dog - 1 Year \$20	0.00			○ Una	altere	d Dog - 1	Year \$50.0	0			
O Altered Dog - 2 Year \$35.00						Unaltered Dog - 2 Year \$90.00						
○ Altered Dog - 3 Year \$50.00 ○ Unaltered Dog - 3 Year \$1								Year \$140.	00			
<b>Payment</b>	& 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			
○\$5 ○\$10 ○\$25 ○\$50 ○\$100 ○\$250									\$			
Payment Type												
○ Checl	<											
	nake a check ou							Where DocuF		I mail this	form?	
riease iliakt	e checks payable t	o Docurei.						Docur	CL			

## **Required Documentation**

You are required to provide a copy of your dog's rabies certificate. Note that document submissions will not be mailed back to you.