# San Marcos Dog License Form

To obtain additional forms you can go online to sandiego.docupet.com/sanmarcos/offline or email us at info@docupet.com. 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 reminder	s)

Telephone	Phone Type	*DOB (MM/DD/YYYY)
	⊖ Home ⊖ Mobile ⊖ Work	
	*Optional	

## **Mailing Address**

Street	Street Name	Unit or	City	ZIP Code
Number		Apartment		

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

## **Physical Address**

Street	Street Name	Unit or	City	ZIP Code
Number		Apartment		

## Dog Information

Dog's Name		Dog's Breed		Dog's DOB (MM/DD/YYYY)	
Sex	Spayed/Neutered	Microchi	pped If yes, provide microchi		p number
$\bigcirc$ Male $\bigcirc$ Female	🔾 Yes 🛛 No	⊖ Yes	⊖ No		
Color	Veterinary Clinic		Tag Size		
			$\bigcirc$ Small (0.86 inches) $\bigcirc$ Large (1.25 inches)		
License Type					
○ Altered Dog - 1 Year \$20.00 ○ Unaltered Dog - 1 Year \$50.00					
○ Altered Dog - 2 Year \$35.00 ○ Unaltered Dog - 2 Year \$90.00					
$\bigcirc$ Altered Dog - 3 Year \$50	\$50.00 O Unaltered Dog - 3 Year \$140.00				

# 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
$\bigcirc$ \$5 $\bigcirc$ \$10 $\bigcirc$ \$25 $\bigcirc$ \$50 $\bigcirc$ \$100 $\bigcirc$ \$250	\$
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 Place, Suite 1 East Syracuse NY 13057

### **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.