Solana Beach Dog License Form

To obtain additional forms you can go online to sandiego.docupet.com/solanabeach/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 Ir	formation											
First Name						Last Name						
Email Addre	SS (Optional: required	for online account a	ınd electronic ı	renewal remin	ders)							
Telephone			Phone Type			*ДОВ (ММ			/DD/YYYY)			
	○ Home	-										
*Optional								Optional				
Mailing Ad	ldress											
Street Number	Street Name					Unit or Apartment			City		ZIP Code	
If your mailing a Physical A	ddress is not the phys	sical address for yoι	ur pet, you mu	ust complete	the Physical A	Address	s section bel	ow.				
Street Street Name					Unit or		tor	City			ZIP Code	
Number						Apartment						
Dog Inforr	nation											
Dog's Name					Dog's Breed				Dog's DOB (MM/DD/YYYY)			
Sex Spayed/Neute			ered	Microchi	If yes, provide micr			rochip number				
○ Male ○ Female ○ Yes ○		No	○ Yes	○ No								
Color Veterinary Cl						ze mall (0.86 inches)						
License Typ	e				O 31	man (c	J.00 men	.3) Cai	gc (.	1.23 11101103/		
 ○ Altered Dog - 1 Year \$20.00 ○ Altered Dog - 2 Year \$35.00 ○ Altered Dog - 3 Year \$50.00 ○ Unaltered Dog - 1 Year \$50.00 ○ Unaltered Dog - 2 Year \$90.00 ○ Unaltered Dog - 3 Year \$14.00 								Year \$90.0	00			
	& Donation						Ü	<u> </u>				
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												
O Check												
Who do I make a check out to? Please make checks payable to DocuPet. DocuPet.										o I mail this	form?	

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.