## **Collingwood Pet Licence Form**

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



Contact ir	iformation											
First Name					Last Name							
Email Addre	ess (Optional: required	for online account and	d electronic rei	newal reminde	ers)							
Telephone			Phone Type				*DOB (YYYY/MM/DD)					
○ Home ○ N					obile O Work							
							:	*Optional				
Mailing Ad	ddress											
Street Number	Street Name				Unit or Apartment			City			Postal Code	
If your mailing a	ddress is not the phys	sical address for your	pet, you mus	t complete th	e Physical A	Address	section bel	ow.				
Physical A	ddress											
Street Number	Street Name					Unit or Apartment		City			Postal Code	
Pet Inform	nation											
Pet's Name					Pet's Breed				Pet's DOB (YYYY/MM/DD)			
Sex	Spayed/Neut			Microchipped		If yes, provide micr			rochi	ochip number		
O Male	○ Female	○ Yes ○ N		○ Yes	○ No							
Colour Veterinary Clinic					Tag Size  ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm)							
Licence Typ  O Spayed/N \$25.00	e eutered and Micro		○ Spayed/ \$35.00	Neutered o	'				ayed/		Microchipped	
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  \$\infty\$ \$5 \$\infty\$ \$10 \$\infty\$ \$25 \$\infty\$ \$50 \$\infty\$ \$100 \$\infty\$ \$250										Sum Received		
Payment Type  Cheque									Ψ			

Who do I make a cheque out to?

Please make cheques payable to DocuPet

Where do I mail this form?

DocuPet 2 Gore St Kingston ON K7L 2L1