## **Pet Licence Form**

To obtain additional forms you can go online to whitby.docupet.com/whitby/offline or email us at info@docupet.com



2 Gore St

Kingston ON K7L 2L1

Contact Ir	nformation								
First Name*				Last Name*					
Email Address (red	quired for online account)								
Telephone*				Cellphone					
Mailing Ad	ddress‡								
Street Number* Street Name*						City		Postal Code*	
‡Note that if yo	e that if your mailing address is not the the physical address for your pet, you must complete					s section below.			
Physical A	ddress								
Street Number*	Street Name*				Unit or Apartment	City	City		
Pet Inform	nation					'			
Pet's Name*			Pet's Breed*				Pet's DOB (YYYY/MM	Pet's DOB (YYYY/MM/DD)	
		Spayed/Neutered*	Microchipped*	○ No	If yes, provide microchip number				
Colour* Veterinary Clinic			Tag Type*  Small (22.5mm x 25mm) Large (30mm x 33.2mm)			ı)			
○ Intact Dog ○ Spayed/N			ar \$26.00	<ul><li>○ Spayed/No</li><li>○ Intact Cat</li></ul>	eutered Cat Licen eutered and Micro Licence - 1 Year \$ Microchipped Ca	ochipped Ca \$57.00	at Licence - 1 Year \$	526.00	
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 $$5$ $$5$ $$10$ $$25$ $$50$				ion of	Sum Received*				
Payment Type  Cheque	e () Mastercard	○ VISA				φ			
Credit Card Holder Name			Credit Card Number		С	VC Expiry Date (YYYY/MM)		M)	
	ake a cheque ou cheques payable to					Where d	o I mail this forn	n?	

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.