## **California City Dog License Form**

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



Contact I	nformation								
First Name				Last N	Last Name				
Email Addr	ess (Optional: require	ed for online account and elec	tronic renewal remin	ders)					
Telephone Phone T			ne Type	е Туре			*DOB (MM/DD/YYYY)		
O Home				oile $\bigcirc$ W	'ork				
						*DOB is required t senior citizen disco		ility to receive	
Mailing A	ddress								
Street Number	Street Name				Unit or City Apartment			ZIP Code	
If your mailing	address is not the ph	ysical address for your pet,	you must complete	the Physical	Address section	below.			
Physical A	Address								
Street Number	Street Name				Unit or City Apartment		ZIP Code		
Dog Infor	mation								
Dog's Name				Dog's Breed			Dog's DOB (MM/DD/YYYY)		
Sex		Spayed/Neutered	Microchi	licrochipped If yes		, provide microchip number			
○ Male	$\bigcirc$ Female	○ Yes ○ No	○ Yes	○ No					
Color Veterinary Clinic				Tag Size  O Small (0.86 inches)  Large (1.25 inches)					
License Typ									
<ul><li>○ 1 Year Altered Dog License \$20.00</li><li>○ 3 Year Altered Dog License \$50.00</li><li>○ 1 Year Intact Dog License \$95.00</li></ul>					<ul><li>3 Year Intact Dog License \$260.00</li><li>1 Year Senior License \$10.00</li><li>3 Year Senior License \$20.00</li></ul>				
		qualify for senior citizen rat	es.						
Payment									
Payment Type					Sum Received				
○ Check						\$			
	nake a check o					Where o	lo I mail this	form?	

Please make checks payable to 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. If you are licensing a new or recently spayed or neutered dog, you must also provide a spay/neuter certificate. Note that document submissions will not be mailed back to you.