## **Armstrong Dog Licence Form**

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



Kingston ON K7L 2L1

Contact Ir	nformation										
First Name					Last Name						
Email Addre	ess (Optional: required	d for online account an	d electronic renewal rer	ninders)							
Telephone Phone			Phone Type	none Type			*DOB (YYYY/MM/DD)				
○ Home ○ M				obile (	oile O Work						
			*Optional								
Mailing Ad	ddress										
Street Number	Street Name					Unit or City Apartment				Postal Code	
		sical address for your	pet, you must comple	te the Phy	/sical Add	ress section be	low.				
Physical A	1						1				
Street Number	Street Name				-	Unit or City Apartment		ity		Postal Code	
Dog Inforr	mation										
Dog's Name					s Breed		Dog's DOB (YYYY/MM/DD)				
Sex	Spayed/Neutered		red Microo	Microchipped If yes, p			provide microchip number				
○ Male	○ Female	○ Yes ○ I	No OY	es 🔾 l	No						
Colour	olour Veterinary Clinic				Tag Size  Small (22.5mm x 25mm) Large (30mm x 33.2mm)						
Licence Typ	e										
O Dog - 1	Year Licence \$25	5.00		0	Dog -	Lifetime Lic	ence \$12	5.00			
Payment											
Payment Type								Sum Received			
○ Cheque								\$			
	ake a cheque of cheques payable						Doc	<b>ere do</b> uPet ore St	o I mail this	form?	