## **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.



Contact I	nformation											
First Name					Last Na	Last Name						
Email Addre	ess (Optional: required	for online account a	and electronic r	enewal remino	ders)							
Telephone			Phone Type				DOB (YYYY/MM/DD)					
			○ Home ○ Mobile ○ Work			ork						
						*Optional						
Mailing A	ddress											
Street Number	Street Name					Unit or City Apartment					Postal Code	
If your mailing a	address is not the phys	sical address for you	ur pet, you mu	st complete t	he Physical A	Address	section belo	ow.			I	
Physical A	Address											
Street Number	Street Name					Unit or City Apartment					Postal Code	
Dog Infor	mation											
Dog's Name					Dog's Bre	og's Breed				Dog's DOB	YYYY/MM/DD)	
Sex		Spayed/Neutered Microchip		pped	ped If yes, ¡		provide microchip number					
Colour Veterinary Clinic					Tag Size  ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm)							
Licence Typ	oe				<b>O</b> 31	IIaII (Z	.Z.JIIIII X	2311111)	∪ La	irge (Johnin X	33.211111)	
	Year Licence \$25	.00			○ Dog	g - Life	etime Lice	ence \$62.5	50			
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									Sur	Sum Received		
○ \$5 ○ \$10 ○ \$25 ○ \$50									\$	\$		
Payment Type												
○ Cheque												

## 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