## **Chula Vista Pet License Form**

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





| Contact Ir   | formation                            |   |                       |                       |                           |  |                              | J   | V        |  |
|--|--------------------------------------|---|-----------------------|-----------------------|---------------------------|--|------------------------------|---|----------|--|
| First Name   |                                      |   |                       | Last N                | Last Name                 |  |                              |   |          |  |
| Email Addre  | SS (Optional: required               | for online account and elec   | tronic renewal remin  | ders)                 |                           |  |                              |   |          |  |
|  |                                      |   | Phone Type            |                       |                           |  | *DOB (MM/DD/YYYY)            |   |          |  |
|  |                                      |   | ○ Home ○ Mobile ○ Wor |                       |                           |  |                              |   |          |  |
|  |                                      |   |                       |                       |                           | *  | Optional                     |   |          |  |
| Mailing Ad   | ddress                               |   |                       |                       |                           |  |                              |   |          |  |
| Street<br>Number   | Street Name                          |   |                       |                       | Unit or City<br>Apartment |  | City                         |   | ZIP Code |  |
| If your mailing a  | . ,                                  | ical address for your pet, y  | you must complete     | the Physical <i>I</i> | Address se                | ection bel                                       | ow.                          |   |          |  |
| Street<br>Number   | Street Name                          |   |                       |                       | Unit or City<br>Apartment |  | City                         |   | ZIP Code |  |
| Pet Inform   | nation                               |   |                       |                       |                           |  | ·                            |   | ·        |  |
| Pet's Name   |                                      |   |                       | Pet's Breed           |                           |  |                              | Pet's DOB (MM/DD/YYYY)                          |          |  |
| Sex  |                                      | Spayed/Neutered   | Microchi              | rochipped             |                           | f yes, p   | es, provide microchip number |   |          |  |
| ○ Male   | e                                    |   | ○ No                  | ○ No                  |                           |  |                              |   |          |  |
| Color Veterinary Clinic Tag Size   |                                      |   |                       |                       |                           | re<br>mall (0.86 inches)   ○ Large (1.25 inches) |                              |   |          |  |
| O Chula Vi   | sta: Altered Dog<br>sta: Altered Dog | License - 1 Year \$20<br>License - 2 Year \$25<br>License - 3 Year \$30 | .00                   | ⊖ Chι                 | ıla Vista                 | a: Unalto  | ered Dog Lic                 | ense - 1 Year<br>ense - 2 Year<br>ense - 3 Year | \$50.00  |  |
| 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 |                                      |   |                       |                       |                           |  |                              | Sum Received                                    |          |  |
|  |                                      |   |                       |                       |                           |  |                              | \$  |          |  |

## Who do I make a check out to?

Please make checks payable to DocuPet.

## Where do I mail this form?

DocuPet 15 Technology PI Suite 1 East Syracuse NY 13057

## **Required Documentation**

○ Check

You are required to provide a copy of your pet's rabies certificate. Note that document submissions will not be mailed back to you.