# **Chula Vista Dog 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 Information**

First Name					Last N	Last Name						
Email Addr	ess (Optional: required	for online account a	and electronic	renewal remir	nders)							
Telephone Phone T				one Type				DOB (MM/DD/YYYY)				
	○ Home ○ Mobile ○ Work				ork							
*Optiona								Optional				
Mailing A	ddress											
Street Number	Street Name					Unit or Apartment				ZIP Code		
If your mailing	address is not the the I	physical address for	your pet, yo	u must compl	ete the Physi	cal Add	lress section	below.				
Physical A	Address											
Street Street Name						Unit or		City			ZIP Code	
Number	per					Apartment						
Dog Infor	mation											
Dog's Name					Dog's Bre	Dog's Breed				Dog's DOB (MM/DD/YYYY)		
Sex	ex Spayed/Neutered N			Microchi	1icrochipped If yes,			provide microchip number				
○ Male				○Yes	, , , ,							
Color		Veterinary Clinic					Tag Size					
						○ Small (0.86 inches) ○ Large (1.25 inches)						
License Typ	pe											
○ Chula Vista: Altered Dog License - 1 Year \$20.00 ○ Chula Vista: Unaltered Dog L												
<ul> <li>○ Chula Vista: Altered Dog License - 2 Year \$25.00</li> <li>○ Chula Vista: Unaltered Dog I Chula Vista: Unaltered</li></ul>												
	& Donation							J				
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			
○ \$5 ○ \$10 ○ \$25 ○ \$50									\$			
Payment Type												
○ Check												
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#### Who do I make a check out to?

Please make checks payable to DocuPet.

## Where do I mail this form?

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. Note that document submissions will not be mailed back to you.