## **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 I	nformation												
First Name					L	Last Name							
Email Addr	ess (Optional: required	for online account ar	nd electronic i	renewal remin	nders)								
Telephone Phone Type  O Home O I					*DOB (N				*DOB (MM)	/DD/	YYYY)		
					Mobile								
								ì	*Optional				
Mailing A	ddress												
Street Number	Street Name				Unit or Apartment				City			ZIP Code	
If your mailing	address is not the phys	sical address for you	r pet, you mu	ust complete	the Pl	hysical A	.ddress	section bel	ow.				
Physical A	Address												
Street Number	Street Name					Unit or Apartment		City			ZIP Code		
Dog Infor	mation												
Dog's Name					Dog's Breed						Dog's DOB	og's DOB (MM/DD/YYYY)	
Sex Spayed/N			red	d Microchipped			If yes, provide micr			rochip number			
○ Male			No	○ Yes ○ No									
Color Veterinary Clinic					1	Tag Siz	е						
									es) 🔾 Lar	Carge (1.25 inches)			
○ Chula V	pe ′ista: Altered Dog ′ista: Altered Dog ′ista: Altered Dog	License - 2 Year	r \$25.00		(	○ Chu	la Vis	ta: Unalt	ered Dog L	icen	se - 1 Year \$ se - 2 Year \$ se - 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  \$\infty\$\$ \$\infty\$\$ \$10 \$\infty\$\$\$ \$25 \$\infty\$\$\$\$\$ \$50 \$\infty\$										Sum Received			
Payment T													

## 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**

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