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 Ir	nformation											
First Name					Las	Last Name						
Email Addre	ess (Optional: required	for online account ar	nd electronic	renewal remin	ders)							
Telephone Phone Type O Home O N					*DOB (M				ООВ (мм/і	DD/Y	YYY)	
					Mobile O Work							
								*0	ptional			
Mailing Ad	ddress											
Street Number	Street Name					Unit or City Apartment			City			ZIP Code
If your mailing a	address is not the phys	sical address for you	r pet, you mu	ust complete	the Phys	sical Add	lress section	below	<i>I</i> .			
Physical A	ddress											
Street Number	Street Name						Unit or City Apartment					ZIP Code
Dog Inforr	mation											
					Dog's	og's Breed				Dog's DOB (MM/DD/YYYY)		
0					Dog s Breed							(,==,,
Sex	Sex Spay		red Microchipped			If yes, provide micr			ochip number			
○ Male	○ Female ○ Yes ○ No ○ Y		○ Yes	○ No								
Color Veterinary Clinic				Tag Size								
○ Small (0.86								6 inches) Clarge (1.25 inches)				
O Chula Vi	e sta: Altered Dog sta: Altered Dog sta: Altered Dog	License - 2 Year	r \$25.00		\circ) Chula	Vista: Un	alter	ed Dog Li	cens	se - 1 Year \$4 se - 2 Year \$6 se - 3 Year \$6	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 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.