## **Washoe County Dog License Form**

To obtain additional forms you can go online to washoe.docupet.com/washoe/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 Name							
Email Addres	ss (Optional: required	d for online accoun	t and electro	onic renewal re	minders)							
Telephone			Phone Type  O Home O Mobile O Work			*DOB (MM/DD				D/YYYY)		
	O Mobile O V	*DOB is required to determine eligibility to receive senior citizen discounts.										
Mailing A	ddress											
Street Number	Street Name					Unit or Apartment			City		ZIP Code	
If your mailing  Physical A	address is not the th	e physical address f	or your pet,	you must comp	lete the P	Physical	Address se	ection below.				
Street Number	Street Name				Unit or Apartment		City			ZIP Code		
Dog Infor	mation											
Dog's Name					Dog's Breed				Dog's DOB (MM/DD/YYYY)			
Sex  O Male O Female		Spayed/Neutere			, , ,		If yes, pro	provide microchip number				
Color		Veterinary Clinic	Tag Size  Small (0.86 inches) Large (1.25 inches)									
O Altered Do	g - 1 Year \$16.00 g - 3 Year \$48.00 Dog - 1 Year \$30.00				○ Unalt ○ Senio	ered Do	og - 3 Year S Altered Dog		0			
*Pet owners must be 60	© or older to qualify for senior cities  & Donation	izen rates.			_							
Yes! I want to help more pets in my community find a safe and happy home. I want to \$\circ\$ \$5 \$10 \$25 \$50  Payment Type  Check						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. If you are licensing a new or recently spayed or neutered dog, you must also provide a spay/neuter certificate. Note that document submissions will not be mailed back to you.