## **Town of Monument Pet License Form**

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



| Contact II   | nformation              |                         |                 |                  |   |                      |                   |                                     |                        |                           |                 |  |
|--|-------------------------|-------------------------|-----------------|------------------|---|----------------------|-------------------|-------------------------------------|------------------------|---------------------------|-----------------|--|
| First Name   |                         |                         |                 |                  |   | Last Name            |                   |                                     |                        |                           |                 |  |
| Email Addre  | ess (Optional: required | for online account a    | nd electronic ı | renewal remino   | lers)   |                      |                   |                                     |                        |                           |                 |  |
| Telephone  |                         |                         | Phone Type      |                  |   |                      | :                 | *DOB (MM/DD/YYYY)                   |                        |                           |                 |  |
| ○ Hc   |                         |                         |                 | Home Mobile Work |   |                      |                   |                                     |                        |                           |                 |  |
| Mailing A  | ddracc                  |                         |                 |                  |   |                      |                   | DOB is require<br>enior citizen d   |                        | determine eligibi<br>nts. | lity to receive |  |
| Mailing A  |                         |                         |                 |                  |   |                      |                   |                                     |                        |                           |                 |  |
| Street<br>Number   | Street Name             | Street Name             |                 |                  |   |                      | t or<br>tment     | City                                |                        |                           | ZIP Code        |  |
| If your mailing  | address is not the phys | sical address for you   | ır pet, you mı  | ıst complete t   | he Physical <i>i</i>                                  | Address              | s section belo    | ow.                                 |                        |                           |                 |  |
| Physical A   | Address                 |                         |                 |                  |   |                      |                   |                                     |                        |                           |                 |  |
| Street<br>Number   | Street Name             |                         |                 |                  |   | Unit or<br>Apartment |                   | City                                |                        | ZIP Code                  |                 |  |
| Pet Information Pet's Name Pet's   |                         |                         |                 |                  |   | ed                   |                   |                                     | Pet's DOB (MM/DD/YYYY) |                           |                 |  |
| Sex :  |                         | Spayed/Neutered N       |                 | Microchi         | Microchipped  |                      | If yes, provide m |                                     | crochip number         |                           |                 |  |
| ○ Male   |                         |                         |                 |                  |   |                      |                   |                                     |                        |                           |                 |  |
| Color Veterinary Clinic  |                         |                         |                 |                  | Tag Size  ○ Small (0.86 inches) ○ Large (1.25 inches) |                      |                   |                                     |                        |                           |                 |  |
| License Typ  | oe .                    |                         |                 |                  |   |                      |                   |                                     |                        |                           |                 |  |
| <ul> <li>Dog - Spayed/Neutered - 3 Year \$40.00</li> <li>Dog - Intact - 1 Year \$20.00</li> <li>Senior: Dog - Intact - 3 Year \$55.00</li> <li>Senior: Dog - Intact - 3 Year \$55.00</li> <li>Voluntary Cat - Spayed/Neutered - 1 Year</li> <li>Senior: Dog - Spayed/Neutered - 1 Year \$20.00</li> <li>Senior: Dog - Spayed/Neutered - 3 Year \$20.00</li> <li>Voluntary Cat - Spayed/Neutered - 3 Year</li> <li>Voluntary Cat - Spayed/Neutered - 3 Year</li> <li>Senior: Nog - Intact - 1 Year \$20.00</li> <li>Voluntary Cat - Spayed/Neutered - 3 Year</li> <li>Senior: Nog - Intact - 1 Year \$20.00</li> <li>Voluntary Cat - Spayed/Neutered - 3 Year</li> <li>Senior: Nog - Intact - 1 Year \$20.00</li> <li>Voluntary Cat - Spayed/Neutered - 3 Year</li> </ul> |                         |                         |                 |                  |   |                      |                   | Voluntary Cat - Spayed/Neutered - 3 |                        |                           |                 |  |
| * Pet owners m   | ust be 65 or older to q | ualify for senior citiz | zen rates.      |                  |   |                      |                   |                                     |                        |                           |                 |  |
| 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           |                           |                 |  |
|  |                         |                         |                 |                  |   |                      |                   |                                     | \$                     |                           |                 |  |
| Payment Ty   | · -                     |                         |                 |                  |   |                      |                   |                                     |                        |                           |                 |  |
| O Check  |                         |                         |                 |                  |   |                      |                   |                                     |                        |                           |                 |  |

## Who do I make a check out to?

Please make checks payable to DocuPet.

## Where do I mail this form?

DocuPet 15 Technology Pl Suite 1 East Syracuse NY 13057

## **Required Documentation**

You are required to provide a copy of your pet's rabies certificate. If you are licensing a new or recently spayed or neutered pet, you must also provide a spay/neuter certificate. Note that document submissions will not be mailed back to you.