Summit County Pet License Form

To obtain additional forms you can go online to summitcountyco.docupet.com/summitcounty/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 Addr | ess (Optional: require | ed for online account and | d electronic rene | wal reminder | rs) | | | | | | |
| | | | Phone Type O Home O Mobile O Work | | | | *DOB (MM/DD/YYYY) | | | | |
| | | | ○ Home | | | OFK | | *DOB is required senior citizen disc | to determine eligi counts. | bility to receive | |
| Mailing A | adress | | | | | | | | | | |
| Street Number | Street Name | | | | | Unit or City Apartment | | | City | | |
| If your mailing | address is not the ph | nysical address for your | pet, you must c | complete the | Physical A | Address | section bel | ow. | | | |
| Physical A | Address | | | | | | | | | | |
| Street Number | Street Name | | | | | Unit or Apartment | | City | City | | |
| Pet Inforr | nation | | | | | | | | | | |
| Pet's Name | | | | | Pet's Breed | | | Pet's DOB (MM/DD/YYYY | | (MM/DD/YYYY) | |
| Sex Spayed/Ne | | | red M | Microchipped | | | If yes, provide microchip number | | | | |
| ○ Male | ○ Male ○ Female (| | ٧o | ○ Yes ○ No | | | | | | | |
| Color | | Veterinary Clinic Tag | | | | Tag Size | | | | | |
| | | | | | ○ Sr | mall (0 | .86 inche | es) 🔾 Large | (1.25 inches) | | |
| License Type 1 Year Sterilized Dog License \$15.00 3 Year Sterilized Dog License \$40.00 1 Year Unsterilized Dog License \$50.00 3 Year Unsterilized Dog License \$150.00 | | | | | | 1 Year Voluntary Sterilized Cat License \$15.00 1 Year Unsterilized Cat License \$50.00 1 Year Senior License \$5.00 | | | | | |
| * Pet owners m | ust be 65 or older to | qualify for senior citize | n rates. | | | | | | | | |
| Payment | | | | | | | | | | | |
| Payment Type | | | | | | Sum Received | | | | | |
| ○ Check | | | | | | | | \$ | | | |
| Who do I n | nake a check o | out to? | | | | | | Where | do I mail thi | s form? | |

Please make checks payable to DocuPet.

DocuPet

15 Technology Place, Suite 1 East Syracuse NY 13057

Required Documentation

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