

# Dog Licence Form

To obtain additional forms you can go online to [centrewellington.docupet.com/centre-wellington/offline](http://centrewellington.docupet.com/centre-wellington/offline) or email us at [info@docupet.com](mailto:info@docupet.com)



## Contact Information

First Name*	Last Name*
Email Address (required for online account)	
Telephone*	Cellphone

## Mailing Address<sup>†</sup>

Street Number*	Street Name*	Unit or Apartment	City	Postal Code*
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<sup>†</sup>Note that if your mailing address is not the the physical address for your pet, you must complete the Physical Address section below.

## Physical Address

Street Number*	Street Name*	Unit or Apartment	City	Postal Code*
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## Dog Information

Dog's Name*	Dog's Breed*	Dog's DOB (YYYY/MM/DD)	
Gender* <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered* <input type="radio"/> Yes <input type="radio"/> No	Microchipped* <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number
Colour*	Veterinary Clinic	Tag Type* <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)	
Licence Type <input type="radio"/> Dog Licence - 1 Year \$46.00			

## Additional Dog

Dog's Name*	Dog's Breed*	Dog's DOB (YYYY/MM/DD)	
Gender* <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered* <input type="radio"/> Yes <input type="radio"/> No	Microchipped* <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number
Colour*	Veterinary Clinic	Tag Type* <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)	
Licence Type <input type="radio"/> Dog Licence - 1 Year \$46.00			

## 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 <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$100			Sum Received* \$
Payment Type <input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Mastercard <input type="radio"/> VISA			
Credit Card Holder Name	Credit Card Number	CVC	Expiry Date (YYYY/MM)

### Who do I make a cheque out to?

Please make cheques payable to Township of Centre Wellington.

### Where do I mail this form?

Township of Centre Wellington  
1 Macdonald Sq  
Elora ON NOB1S0

I verify that my pet's information contained within this form is correct and my pet's vaccines are up to date.