

# Dog Licence Application

To obtain additional forms you can go online to [centrewellington.docupet.com/offline](http://centrewellington.docupet.com/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* |
|----------------|--------------|-------------------|------|--------------|

<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* |
|----------------|--------------|-------------------|------|--------------|

## Dog Information

|  |  |  |                                  |  |
|--|--|--|----------------------------------|--|
| Dog's Name*  | Dog's Breed*   | Dog's DOB (YYYY/MM/DD)   |                                  |  |
| Gender*<br><input type="radio"/> Male <input type="radio"/> Female | Spayed/Neutered*<br><input type="radio"/> Yes <input type="radio"/> No | Microchipped*<br><input type="radio"/> Yes <input type="radio"/> No                                  | If yes, provide microchip number |  |
| Colour*  | Veterinary Clinic  | Tag Type*<br><input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm) |                                  |  |
| Licence Type<br><input type="radio"/> Dog License \$40.00          |  |  |                                  |  |

## Additional Dog

|  |  |  |                                  |  |
|--|--|--|----------------------------------|--|
| Dog's Name*  | Dog's Breed*   | Dog's DOB (YYYY/MM/DD)   |                                  |  |
| Gender*<br><input type="radio"/> Male <input type="radio"/> Female | Spayed/Neutered*<br><input type="radio"/> Yes <input type="radio"/> No | Microchipped*<br><input type="radio"/> Yes <input type="radio"/> No                                  | If yes, provide microchip number |  |
| Colour*  | Veterinary Clinic  | Tag Type*<br><input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm) |                                  |  |
| Licence Type<br><input type="radio"/> Dog License \$40.00          |  |  |                                  |  |

## 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<br><input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$100 |                    |     | Sum Received*<br>\$   |  |
| Payment Type<br><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 N0B1S0

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