## **Longmont Pet License Form**

To obtain additional forms you can go online to longmont.docupet.com/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	d for online account ar	nd electronic r	enewal reminde	ers)						
Telephone Phone Type								*DOB (MM/DD/YYYY)			
○ Home ○ N					-						
								*Optional			
Mailing A	ddress										
Street Number	Street Name					Unit or Apartment		City		ZIP Code	
If your mailing	address is not the phy	sical address for you	pet, you mu	ıst complete th	e Physical <i>F</i>	Address	section be	low.			
Physical A	Address										
Street Number	Street Name					Unit or Apartment		City		ZIP Code	
Pet Infori	mation										
Pet's Name					Pet's Breed			Pet's DOB (MM/DD/YYYY)		(MM/DD/YYYY)	
Sex	Spayed/Neutered Mic		Microchip	hipped If yes		If yes, p	provide microchip number				
○ Male				○ Yes ○ No							
Color Veterinary Clinic					Tag Size						
					○ Small (0.86 inches) ○ Large (1.25 inches)						
	pe :ense - Spayed/N :ense - Not Spaye			00				/ed/Neutered Spayed/Neute			
Payment											
Payment Type  Check								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 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.