## **Carroll County Dog License Form**

To obtain additional forms you can go online to carrollcountyohio.docupet.com/carrollcounty/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 N	Last Name						
Email Addre	ess (Optional: required	l for online account ar	nd electronic	renewal remin	nders)							
Telephone			Phone Type			*DOB (MM/D				(YYY)		
○ Home ○ M					oile O Work							
							*(	Optional				
Mailing A	ddress											
Street Number	Street Name					Unit or City Apartment					ZIP Code	
If your mailing a	address is not the phys	sical address for you	r pet, you mı	ust complete	the Physical A	Address	section belo	w.				
Street Number	Street Name					Unit or Apartment			City		ZIP Code	
Dog Infor	mation											
Dog's Name					Dog's Bre	Dog's Breed				Dog's DOB (MM/DD/YYYY)		
Sex Spayed/Neutered			red	Microchipped If yes			If yes, pr	s, provide microchip number				
○ Male				○ Yes ○ No								
Color		Veterinary Clinic					Tag Size					
							○ Small (0.86 inches) ○ Large (1.25 inches)					
License Type  O Dog License - 1 Year \$16.00 O Dog License - 3 Year \$48.00 O Puppy License - 3 Year (July O Permanent Dog License \$160.00												
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 \$\times\$ \$12									Sum Received			
Payment Ty  O Check												
Who do I m	ake a check ou	it to?						Wher	e do	o I mail this	form?	

Please make checks payable to DocuPet.

DocuPet 15 Technology Pl Suite 1 East Syracuse NY 13057