## **Dog Licence Form**

To obtain additional forms you can go online to **newtecumseth.docupet.com/new-tecumseth/offline** or email us at **info@docupet.com**. This form can either be mailed to The Town of New Tecumseth, or brought in by person to The Town of New Tecumseth.



## Address & Contact Information

First Name*			Last Name*				
Email Address (required for o	nline account)				DOB (MM/DD/YYYY)		
Street Number*	Street Name*						
Unit or Apartment	Postal Code*	Telephone*		Cellphone			

## **Dog Information**

Dog's Name*			Dog's Breed*		Dog's DOB (YYYY/MM/DD)		
Gender*	Spayed/Neutered*	Microchipped*		If yes, provide microchip number			
$\bigcirc$ Male $\bigcirc$ Female	$\bigcirc$ Yes $\bigcirc$ No	⊖ Yes	⊖ No				
Colour*	Veterinary Clinic		Tag Type*				
			○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm)				
Licence Type							
$\bigcirc$ Unsterilized, Microchipped, CGN (Senior Rate) \$6.23			$\bigcirc$ Sterilized, Microchipped, CGN (Senior Rate) \$3.23				
$\bigcirc$ Unsterilized, Microchipped, CGN \$15.15			O Sterilized, Microchipped, CGN \$8.93				
$\bigcirc$ Unsterilized, Microchipped (Senior Rate) \$12.45			$\bigcirc$ Sterilized, Microchipped (Senior Rate) \$6.45				
O Unsterilized, Microchipped \$30.30			$\bigcirc$ Sterilized, Microchipped \$17.85				
$\bigcirc$ Unsterilized, CGN (Senior Rate) \$9.20			$\bigcirc$ Sterilized, CGN (Senior Rate) \$6.20				
$\bigcirc$ Unsterilized, CGN \$18.13			O Sterilized, CGN \$11.90				
$\bigcirc$ Unsterilized (Senior Rate) \$18.40			$\bigcirc$ Sterilized (Senior Rate) \$12.40				
○ Unsterilized \$36.25			$\bigcirc$ Sterilized \$23.80				

\*Pet owners must be 65 or older to qualify for senior citizen rates.

Is your dog microchipped? Bonus! Receive a \$5.00 discount on your licence fee! Is your dog Canine Good Neighbour Certified? Bonus! Receive a 50% discount on your licence fee! Renewing your licence late? You may be subject to late fees. Call DocuPet to confirm what you owe. 1-855-249-1370

## Payment.

Payment Type by Mail			Payment Type in Pe	rson				
$\bigcirc$ Cheque $\bigcirc$ Visa $\bigcirc$ MasterCard			$\bigcirc$ Cash $\bigcirc$ Debit $\bigcirc$ Cheque $\bigcirc$ VISA $\bigcirc$ MasterCard					
Credit Card Holder Name		Credit Card Number		Expiry Date	CVV/CSC/CVV2			
					Sum Received			
Who do I make a cheque out to? Where do I mail this form			? :		\$			
				S	Store Na	me:		
Please make cheques payable to the Town of New Tecumseth	The Town of New Tecum 24 Tupper St W Alliston ON L9R 1H2				Sel	ler:		
					of Purcha	ise:		
All NSF cheques are subject to an administrative fee.								