Carson City Dog License Form

To obtain additional forms you can go online to nhs.docupet.com/carson-city/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 Name							
Email Addre	ess (Optional: required	for online account and	electronic renew	val reminde	ers)							
Telephone			Phone Type			*DOB (MM				/DD/YYYY)		
○ Home ○ 1					obile O Work							
							*	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 your p	oet, you must co	omplete th	e Physical A	Address	section bel	ow.				
Physical A	Address											
Street Number	Street Name				Unit or Apartment			City			ZIP Code	
Dog Infor	mation											
Dog's Name		Dog's Breed						Dog's DOB	g's DOB (MM/DD/YYYY)			
Sex	iex Sp		ed Mi	Microchipped		If yes, provide mici			rochip number			
○ Male	○ Female	○ Yes ○ N	lo	○ Yes	○ No							
Color		Veterinary Clinic				Tag Size						
						○ Small (0.86 inches) ○ Large (1.25 inches)						
License Typ		00			○ Ha		l Doolis	anaa ¢25 0	^			
	Dog License \$8.0	JO			O Ona	antered	DOG LIC	ense \$25.0	U			
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									Sum Received			
○ \$5 ○ \$10 ○ \$25 ○ \$50 ○ \$100 ○ \$250									\$			
Payment Ty O Check												
- Crieck												
Who do I m	ako a chock ou	ıt to?						Whor	o d	. I mail thic	form?	

Who do I make a check out to?

Please make checks payable to DocuPet.

Where do I mail this form?

DocuPet 15 Technology Place Suite 1 East Syracuse NY 13057

Required Documentation

You are required to provide a copy of your dog's rabies certificate. If you are licensing a new or recently spayed or neutered dog, you must also provide a spay/neuter certificate. Note that document submissions will not be mailed back to you.