## Des Moines, WA Pet License Form

To obtain additional forms you can go online to desmoineswa.docupet.com/desmoineswa/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 Na	Last Name					
Email Addre	ess (Optional: required	for online account ar	nd electronic re	enewal remin	ders)						
Telephone Phone Type  O Home O M				pe				*DOB (MM/DD/YYYY)			
				Home ○ Mobile ○ Work							
						*DOB is required to determine eligibility to receive senior citizen discounts.					
Mailing A	ddress										
Street Number	Street Name					Unit or Apartment		City		ZIP Code	
If your mailing Physical A	address is not the phys	sical address for you	ır pet, you mu:	st complete t	the Physical A	Address	section belo	ow.			
Street Number	Street Name					Unit or Apartment		City		ZIP Code	
Pet Inform	nation										
Pet's Name					Pet's Bree	ed			Pet's DOB (MM/DD/YYYY)		
Sex Spayed/Neute		ered	Microchipped		If yes, provide micro			ochip number			
○ Male	○ Male ○ Female ○ Yes ○		No	○ Yes ○ No							
Color Veterinary Clinic					Tag Siz		).86 inche	hes) O Large (1.25 inches)			
License Type  Altered Dog (1 Year) \$30.00  Unaltered Dog (1 Year) \$75.00  Altered Cat (1 Year) \$30.00						<ul> <li>Unaltered Cat (1 Year) \$75.00</li> <li>Senior Citizen (65+) - Altered Dog (1 Year) \$0.00</li> <li>Senior Citizen (65+) - Altered Cat (1 Year) \$0.00</li> </ul>					
	ust be 65 or older to q		zen rates.								
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 PI  Suite 1  East Syracuse NY 13057					

## **Required Documentation**

You are required to provide a copy of your pet's rabies certificate. Note that document submissions will not be mailed back to you.