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 | Information | | | | | | | | | | |
|--|------------------------|---------------------------|-------------------------|---|--|--------------------------|------------------|------------------------|----------|----------|--|
| First Name | | | | Last Name | | | | | | | |
| Email Addr | ess (Optional: require | d for online account and | l electronic renewal re | minders) | | | | | | | |
| | | | Phone Type | | | | DOB (MM/DD/YYYY) | | | | |
| | | | ○ Home ○ Mobile ○ Work | | | | | | | | |
| | | | | | | * | Optional | | | | |
| Mailing A | Address | | | | | | | | | | |
| Street Number | Street Name | | Unit o Apartm | | ent | City | | | ZIP Code | | |
| If your mailing | | e physical address for yo | our pet, you must comp | lete the P | hysical Ac | ddress se | ection below. | | | | |
| Street | Street Name | | | | Unit or | | City | | | ZIP Code | |
| Number | Succervanie | | | | Apartment | | City | | | ZIF Code | |
| Dog Info | rmation | | | | | | | | | | |
| Dog's Name | | | | Dog's Breed | | | | Dog's DOB (MM/DD/YYYY) | | | |
| Sex | | Spayed/Neutered | Microchippe | ped | | If yes, provide microchi | | hip num | ber | | |
| ○ Male ○ Female | | ○ Yes ○ No | ○ Yes ○ No ○ Yes ○ No | | | | | | | | |
| Color | | , | | | g Size | | | | | | |
| | | | | | ○ Small (0.86 inches) ○ Large (1.25 in | | | | | | |
| License Type ○ Dog License - 1 Year \$16.00 ○ Dog License - 3 | | | | Year \$48.00 ○ Permanent Dog License \$160.00 | | | | | | | |
| Payment | t & 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 | | | |
| | | | | | | | | | \$ | | |
| Payment Typ O Check | | | | | | | | | | | |
| Sign & I | Date | | | | | | | | | | |
| Signature | | | Print Name | | | | Date | | | | |
| | | | | | | | | | | | |

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