Maricopa County Dog License Form

To obtain additional forms you can go online to maricopacounty.docupet.com/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 Name						
Email Addr	ess (Optional: required	d for online account an	d electronic rei	newal reminde	rs)						
Telephone Phone Type O Home O M				e				*DOB (MM/DD/YYYY)			
				○ Mobile	○ Mobile ○ Work						
								DOB is required senior citizen dis		_	lity to receive
Mailing A	ddress										
Street Number	Street Name	Street Name				Unit Apart	City			ZIP Code	
If your mailing	address is not the phy	sical address for your	pet, you must	t complete the	e Physical <i>F</i>	Address	section bel	ow.			
Physical A	Address										
Street Number	Street Name				Unit or Apartment			City			ZIP Code
Dog Info	rmation										ı
Dog's Name					Dog's Breed				Dog's DOB (MM/DD/YYYY)		
Sex Spayed/No		Spayed/Neute	red	Microchipped		If yes, provide micr			ochip number		
○ Male			No	○ Yes ○ No							
Color Veterinary Clinic					Tag Size ○ Small (0.86 inches) ○ Large (1.25 inches)						
License Ty	ре										
	/Neutered Dog Li ed/Intact Dog Lic				○ Sen	ior Ra	te: Spaye	ed/Neutered	Dog	License - 1	Year \$10.00
* Pet owners m	nust be 65 or older to o	qualify for senior citize	en rates.								
Payment	& Donation										
○\$3 ○\$5 ○\$10 ○\$25 ○\$50 ○\$100									Sum Received \$		
Payment T) #23	<u></u>						Ψ		
○ Checl											
Who do I n	nake a check ou	It to?						Whore	do	l mail this	form?

Please make checks payable to DocuPet

DocuPet

15 Technology Place, Suite 1 East Syracuse NY 13057