## **Palm Springs Dog License Form**

To obtain additional forms you can go online to psas.docupet.com/psas/offline or email us at info@docupet.com. Unless otherwise specified, this form must be completed in its entirety.



East Syracuse NY 13057

Contact In	nformation										
First Name				Last N	Last Name						
Email Addre	ess (Optional: required	for online account and el	lectronic renewal remin	ders)							
Telephone Phone T			one Type			*DOB (MM/DD/YYYY)					
•	) Home ○ Mob	obile O Work									
						*Optional					
Mailing A	ddress										
Street Number	Street Name				Unit or Apartment			City		ZIP Code	
If your mailing a	f your mailing address is not the physical address for your pet, you must complete the Physical Address section below.										
Physical A	ddress										
Street Number	Street Name				Unit or Apartment		City	City		ZIP Code	
Dog Infori	mation										
Dog's Name				Dog's Breed				Dog's DOB (MM/DD/YYYY)			
Sex		Spayed/Neutered	d Microchi	Microchipped		If yes, provide micr		ochi	p number		
○ Male ○ Female		○ Yes ○ No	No		ı						
Color		Veterinary Clinic	/eterinary Clinic T			Tag Size  ○ Small (0.86 inches) ○ Large (					
License Typ	ie.			<u> </u>	man (O.	oo iiiciik	23) U Lai	3C (.	1.25 IIICHES)		
<ul> <li>○ Dog License - 1 year \$25.00</li> <li>○ Dog License - 2 year \$40.00</li> <li>○ Dog License - 3 year \$55.00</li> <li>○ Low-Income Dog License - 3</li> <li>○ Low-Income Dog License - 3</li> </ul>							License - 2	year	\$20.00		
Payment of	& Donation										
Yes! I want to help more pets in my community find a safe and happy home. I want to make a donation of \$15								Sum Received			
Payment Type								7			
O Check											
Please make checks payable to DocuPet. Docu							Pet chno	o I mail this	form?		

## **Required Documentation**

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