

# Stark County Pet License Form

To obtain additional forms you can go online to [starkcountyohio.docupet.com/offline](http://starkcountyohio.docupet.com/offline) or email us at [info@docupet.com](mailto:info@docupet.com). Unless otherwise specified, this form must be completed in its entirety.



## Contact Information

First Name	Last Name
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Email Address (Optional: required for online account and electronic renewal reminders)

Telephone	Phone Type <input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work	*DOB (MM/DD/YYYY)
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\*Optional

## Mailing Address

Street Number	Street Name	Unit or Apartment	City	ZIP Code
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If your mailing address is not the physical address for your pet, you must complete the Physical Address section below.

## Physical Address

Street Number	Street Name	Unit or Apartment	City	ZIP Code
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## Pet Information

Pet's Name		Pet's Breed		Pet's DOB (MM/DD/YYYY)
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Sex <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered <input type="radio"/> Yes <input type="radio"/> No	Microchipped <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number	
Color	Veterinary Clinic	Tag Size <input type="radio"/> Small (0.86 inches) <input type="radio"/> Large (1.25 inches)		

License Type <input type="radio"/> Dog License - 1 Year \$14.00		<input type="radio"/> Dog License - 3 Year \$42.00	<input type="radio"/> Permanent Dog License \$140.00
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## Additional Pet Information

Pet's Name		Pet's Breed		Pet's DOB (MM/DD/YYYY)
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Sex <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered <input type="radio"/> Yes <input type="radio"/> No	Microchipped <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number	
Color	Veterinary Clinic	Tag Size <input type="radio"/> Small (0.86 inches) <input type="radio"/> Large (1.25 inches)		

License Type <input type="radio"/> Dog License - 1 Year \$14.00		<input type="radio"/> Dog License - 3 Year \$42.00	<input type="radio"/> Permanent Dog License \$140.00
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## Payment

Payment Type <input type="radio"/> Check	Sum Received \$
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## Who do I make a check out to?

Please make checks payable to DocuPet

## Where do I mail this form?

DocuPet  
15 Technology Pl  
Suite 1  
East Syracuse NY 13057