

# Stark County Dog License Form

To obtain additional forms you can go online to [starkcountyohio.docupet.com/starkcounty/offline](http://starkcountyohio.docupet.com/starkcounty/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
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)	
*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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## Dog Information

Dog's Name		Dog's Breed		Dog's DOB (MM/DD/YYYY)
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				

## Additional Dog Information

Dog's Name		Dog's Breed		Dog's DOB (MM/DD/YYYY)
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				

## 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 Place, Suite 1  
East Syracuse NY 13057