

Fremont Pet License Form

To obtain additional forms you can go online to fremont.docupet.com/offline.

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	*DOB (MM/DD/YYYY)	
	<input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work		

*DOB is required to determine eligibility to receive senior citizen discounts.

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)
Sex	Spayed/Neutered	Microchipped	If yes, provide microchip number	
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
Color	Veterinary Clinic	Tag Size		
		<input type="radio"/> Small (0.86 inches) <input type="radio"/> Large (1.25 inches)		

License Type

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Altered Dog (1 Year) \$12.00
<input type="radio"/> Altered Cat (1 Year) \$12.00
<input type="radio"/> Altered Dog (3 Years) \$21.00
<input type="radio"/> Altered Cat (3 Years) \$21.00
<input type="radio"/> Unaltered Dog (1 Year) \$25.00
<input type="radio"/> Unaltered Cat (1 Year) \$25.00 | <input type="radio"/> Unaltered Dog (3 Years) \$42.00
<input type="radio"/> Unaltered Cat (3 Years) \$42.00
<input type="radio"/> Senior Owner (60+) - Altered Dog (1 Year) \$11.00
<input type="radio"/> Senior Owner (60+) - Altered Cat (1 Year) \$11.00
<input type="radio"/> Senior Owner (60+) - Altered Dog (3 Years) \$19.00
<input type="radio"/> Senior Owner (60+) - Altered Cat (3 Years) \$19.00 | <input type="radio"/> Senior Owner (60+) - Unaltered Dog (1 Year) \$23.00
<input type="radio"/> Senior Owner (60+) - Unaltered Cat (1 Year) \$23.00
<input type="radio"/> Senior Owner (60+) - Unaltered Dog (3 Years) \$38.00
<input type="radio"/> Senior Owner (60+) - Unaltered Cat (3 Years) \$38.00 |
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* Pet owners must be 60 or older to qualify for senior citizen rates.

Payment & Donation

Yes! I want to help more pets in my community find a safe and happy home. I want to make a donation of <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$250 <input type="radio"/> \$500	Sum Received
Payment Type <input type="radio"/> Check	\$

Who do I make a check out to?

Please make checks payable to DocuPet

Where do I mail this form?

DocuPet
 15 Technology PI
 Suite 1
 East Syracuse NY 13057

Required Documentation

You are required to provide a copy of your pet's rabies certificate. If you are licensing a new or recently spayed or neutered pet, you must also provide a