Dog Licence Form

To obtain additional forms you can go online to **centrewellington.demo-ca.docupet.com//offline** or email us at **info@docupet.com**

Centre Wellington

Contact Information

First Name*	Last Name*
Email Address (required for online account)	
Telephone*	Cellphone

Mailing Address‡

Street Number*	Street Name*	Unit or Apartment	City	Postal Code*

‡Note that if your mailing address is not the the physical address for your pet, you must complete the Physical Address section below.

Physical Address

Street Number*	Street Name*	Unit or Apartment	City	Postal Code*

Dog Information

Dog's Name*		Dog's Breed*	Dog's DOB (YYYY/MM/DD)
Gender* ◯ Male ◯ Female	Spayed/Neutered* ◯ Yes ◯ No	Microchipped* ◯ Yes ◯ No	If yes, provide microchip number
Colour*	Veterinary Clinic	Tag Type* ◯ Small (22.5mm x 25mm) ◯ Large (30mm x 33.2mm)	
Licence Type ◯ Dog Licence - 1 Year $46.00			

Additional Dog

Dog's Name*		Dog's Breed*	Dog's DOB (YYYY/MM/DD)
Gender* ◯ Male ◯ Female	Spayed/Neutered* ◯ Yes ◯ No	Microchipped* ◯ Yes ◯ No	If yes, provide microchip number
Colour*	Veterinary Clinic	Tag Type* ◯ Small (22.5mm x 25mm) ◯ Large (30mm x 33.2mm)	
Licence Type ◯ Dog Licence - 1 Year $46.00			

*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 ◯ $10 ◯ $25 ◯ $100			Sum Received* $
Payment Type ◯ Cash ◯ Cheque ◯ Mastercard ◯ VISA			
Credit Card Holder Name	Credit Card Number	CVC	Expiry Date (YYYY/MM)

Who do I make a cheque out to?
Please make cheques payable to Township of Centre Wellington.

Where do I mail this form?
Township of Centre Wellington
1 MacDonald Sq
Elora ON N0B1S0

◯ I verify that my pet's information contained within this form is correct and my pet's vaccines are up to date.