Dog License Form

To obtain additional forms you can go online to monocounty.docupet.com/offline or email us at info@docupet.com



Contact Information

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

Mailing Address[‡]

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

Dog Information

Dog's Name*			Dog's Breed*		Dog's DOB (MM/DD/YYYY)	
Gender*	Spayed/Neutered*	Microchipped*		If yes, provide microchip number		
\bigcirc Male \bigcirc Female	\bigcirc Yes \bigcirc No	\bigcirc Yes	⊖ No			
Color*	Veterinary Clinic		Tag Type*			
			\bigcirc Small (0.86 inches) \bigcirc Large (1.25 inches)			
License Type						
\bigcirc Dog Spayed/Neutered (1 year) \$12.00			○ Dog Intact (1 year) \$27.00			
\bigcirc Dog Spayed/Neutered (2 year) \$24.00			\bigcirc Dog Intact (2 year) \$54.00			
\bigcirc Dog Spayed/Neutered (3 year) \$36.00			\bigcirc Dog Intact (3 year) \$81.00			
Ubg Spayed/Neutered (3 year) \$30.00 Ubg Intact (3 year) \$81.00						

Payment & Donation.

Yes! I want to help more pets in my community find a safe and happy home. I w	Sum Received*			
○ \$5 ○ \$10 ○ \$25 ○ \$50	\$			
Payment Type				
\bigcirc Check \bigcirc Mastercard \bigcirc VISA \bigcirc VISA Debit	American Express	\bigcirc Discover		
Credit Card Holder Name	Credit Card Number		CVC	Expiry Date (YYYY/MM)

Who do I make a check out to?

Please make checks payable to Mono County Animal Services.

Where do I mail this form?

Mono County Animal Services 199 Twin Lakes Rd PO Box 263 Bridgeport CA 93517

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.