

# Chula Vista Pet License Form

To obtain additional forms you can go online to [chulavista.demo-us.docupet.com/chulavista/offline](http://chulavista.demo-us.docupet.com/chulavista/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<br><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 |
|---------------|-------------|-------------------|------|----------|

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 |
|---------------|-------------|-------------------|------|----------|

## Pet Information

|                                                                         |                                                                       |                                                                                                 |                                  |                        |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|------------------------|
| Pet's Name                                                              |                                                                       | Pet's Breed                                                                                     |                                  | Pet's DOB (MM/DD/YYYY) |
| Sex<br><input type="radio"/> Male <input type="radio"/> Female          | Spayed/Neutered<br><input type="radio"/> Yes <input type="radio"/> No | Microchipped<br><input type="radio"/> Yes <input type="radio"/> No                              | If yes, provide microchip number |                        |
| Color                                                                   | Veterinary Clinic                                                     | Tag Size<br><input type="radio"/> Small (0.86 inches) <input type="radio"/> Large (1.25 inches) |                                  |                        |
| License Type                                                            |                                                                       |                                                                                                 |                                  |                        |
| <input type="radio"/> Chula Vista: Altered Dog License - 1 Year \$20.00 |                                                                       | <input type="radio"/> Chula Vista: Unaltered Dog License - 1 Year \$40.00                       |                                  |                        |
| <input type="radio"/> Chula Vista: Altered Dog License - 2 Year \$25.00 |                                                                       | <input type="radio"/> Chula Vista: Unaltered Dog License - 2 Year \$50.00                       |                                  |                        |
| <input type="radio"/> Chula Vista: Altered Dog License - 3 Year \$30.00 |                                                                       | <input type="radio"/> Chula Vista: Unaltered Dog License - 3 Year \$60.00                       |                                  |                        |

## 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<br><input type="radio"/> \$5 <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$250 | Sum Received |
| Payment Type<br><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 Pl  
Suite 1  
East Syracuse NY 13057

## Required Documentation

You are required to provide a copy of your pet's rabies certificate. Note that document submissions will not be mailed back to you.