Butler County Pet License Form

To obtain additional forms you can go online to butlercountyohio.docupet.com/butler-county/offline or email us at info@docupet.com. Unless otherwise specified, this form must be completed in its entirety.



| nformation | | | | | | | | |
|--|---|---|--|--|-----------|------------------------|------------------------|--|
| First Name | | | Last N | Last Name | | | | |
| ess (Optional: required | for online account and elec | tronic renewal remin | ders) | | | | | |
| Telephone Phone Type | | | | | *DOB (MM/ | DOB (MM/DD/YYYY) | | |
| O Home | | | | ork | *0 !! ! | | | |
| | | | | | "Optional | | | |
| ddress | | | | | | | | |
| Street Name | | | | Unit or Apartment | City | | ZIP Code | |
| address is not the phys | sical address for your pet, y | ou must complete | the Physical <i>i</i> | Address section I | below. | | | |
| ddress | | | | _ | | | | |
| Street Name | | | | Unit or Apartment | , | | ZIP Code | |
| nation | | | | | , | | ' | |
| Pet's Name | | | Pet's Bre | 'et's Breed | | | Pet's DOB (MM/DD/YYYY) | |
| | Spayed/Neutered | Microchi | pped | ped If yes, pro | | ovide microchip number | | |
| ○ Female | ○ Yes ○ No | ○ Yes | | | | | | |
| | | | | | | ge (1 25 inc | hes) | |
| e se - 1 Year \$14.00 | O D | og License - 3 Ye | ' | nan (o.oo me | | _ | | |
| & Donation | | | | | | | | |
| Yes! I want to help more pets in my community find a safe and happy home. I want to make a donation of | | | | | | Sum Received | | |
| \$5 | | | | | | Þ | | |
| | ddress Street Name address Street Name Address Street Name Street Name Street Name Address Street Name Address Street Name Address Address Street Name | Phore Address Street Name Spayed/Neutered Yes No Veterinary Clinic Street Name Street Name Spayed/Neutered Yes No Veterinary Clinic Street Name Street Name Street Name Spayed/Neutered Yes No Veterinary Clinic Street Name Street Name Street Name | Phone Type Home Mob ddress Street Name Spayed/Neutered Yes No Yeterinary Clinic See See - 1 Year \$14.00 Dog License - 3 Yes Stonation Street Name Spayed/Neutered Yes No Yes Veterinary Clinic Street Name Spayed/Neutered Yes No Yes Veterinary Clinic Street Name Spayed/Neutered Yes No Yes Veterinary Clinic | Last Note: Phone Type Home Mobile World Mobile Mobile World Mobile Worl | Last Name | Last Name | Last Name | |

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