Pet Licence Form

To obtain additional forms you can go online to wasagabeach.docupet.com//offline or email us at info@docupet.com. This form can either be mailed, or brought in by person to Town of Wasaga Beach.



Address & Contact Information

| First Nisses | | | | | Last Manage | | | |
|---|------------------|---|---|---|---|-------------------------------|--|---|
| First Name* | | | | | Last Name* | | | |
| Email Address (required for online account) | | | | | DOB (N | | | B (MM/DD/YYYY) |
| Street Number* | Street Name | * | | | | | | |
| Street Number | Street (Vallie | | | | | | | |
| Unit or Apartment Postal Code* | | * Telephone* | | * | Cellphone | | | |
| | | | | | | | | |
| Pet Information |) | | | | | | | |
| Pet's Name* | | | | | Pet's Breed* | | | Pet's DOB (YYYY/MM/DD) |
| iender* | | Spayed/Neutered* | | Microchipped* | | If yes, provide microchip num | | |
| \bigcirc Male \bigcirc Female | | ○ Yes ○ No ○ Yes | | ○ Yes | ○No | | | |
| Colour* | | Rabies Expiry Date (YYYY/MM/DD)* | | | Tag Type* ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm) | | | |
| Veterinary Clinic | | , | | | | | | |
| 2025 Voluntary2025 Spayed/No Additional Pet | | | | | | | | ed Dog - 1 Year \$15.00 1 Year \$20.00 |
| Pet's Name* | | | | | Pet's Breed* | | | Pet's DOB (YYYY/MM/DD) |
| Gender* | Spayed/Neutered* | Spayed/Neutered* Microchipped* | | If yes, provide microchip number | | | | |
| ○ Male ○ Fem | nale | ○ Yes ○ No |) | ○ Yes | ○No | | | |
| Colour* | | Rabies Expiry Date (YYYY/MM/DD)* | | | Tag Type* | | | |
| | | | | ○ Small (22.5mm x 25mm) ○ Large (30mm x 33.2mm) | | | | |
| eterinary Clinic | | | | | | | | |
| Licence Type | | | | | | | | |
| 2025 Voluntary Cat - Altered \$20.002025 Voluntary Cat - Unaltered \$25.002025 Spayed/Neutered Dog - 1 Year \$25.00 | | | | | 2025 Unaltered Dog - 1 Year \$35.00 2025 Senior Rate: Spayed/Neutered Dog - 1 Year \$15.00 2025 Senior Rate: Unaltered Dog - 1 Year \$20.00 | | | |
| Payment _* | | | | | | | | |
| Payment Type | | Sum Received* | | | * | | | |
| ○ Cheque | | \$ | | | | | | |
| O I verify that my | | ormation containe cines are up to da | | this form is | Signature* | | | |

Where do I mail this form?

Town of Wasaga Beach 30 Lewis St Wasaga Beach ON L9Z 1A1

Who do I make a cheque out to?

Please make cheques payable to Town of Wasaga Beach