

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 Name*		Last Name*	
Email Address (required for online account)			DOB (MM/DD/YYYY)
Street Number*	Street Name*		
Unit or Apartment	Postal Code*	Telephone*	Cellphone

Pet Information

Pet's Name*		Pet's Breed*		Pet's DOB (YYYY/MM/DD)
Gender* <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered* <input type="radio"/> Yes <input type="radio"/> No	Microchipped* <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number	
Colour*	Rabies Expiry Date (YYYY/MM/DD)*	Tag Type* <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)		
Veterinary Clinic				

Licence Type				
<input type="radio"/> 2025 Dog - Altered \$20.00	<input type="radio"/> 2025 Senior - 2nd Dog \$15.00			
<input type="radio"/> 2025 Dog - Unaltered \$25.00	<input type="radio"/> 2025 Voluntary Cat - Altered \$20.00			
<input type="radio"/> 2025 Senior - 1st Dog \$12.50	<input type="radio"/> 2025 Voluntary Cat - Unaltered \$25.00			

Additional Pet

Pet's Name*		Pet's Breed*		Pet's DOB (YYYY/MM/DD)
Gender* <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered* <input type="radio"/> Yes <input type="radio"/> No	Microchipped* <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number	
Colour*	Rabies Expiry Date (YYYY/MM/DD)*	Tag Type* <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)		
Veterinary Clinic				

Licence Type				
<input type="radio"/> 2025 Dog - Altered \$20.00	<input type="radio"/> 2025 Senior - 2nd Dog \$15.00			
<input type="radio"/> 2025 Dog - Unaltered \$25.00	<input type="radio"/> 2025 Voluntary Cat - Altered \$20.00			
<input type="radio"/> 2025 Senior - 1st Dog \$12.50	<input type="radio"/> 2025 Voluntary Cat - Unaltered \$25.00			

Payment*

Payment Type <input type="radio"/> Cheque	Sum Received* \$
<input type="radio"/> I verify that my pet's information contained within this form is correct and my pet's vaccines are up to date.	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