Dog Licence Form

To obtain additional forms you can go online to **rdno.demo-ca.docupet.com/offline** or email us at **info@docupet.com**

REGIONAL DISTRICT NORTH OKANAGAN

Contact Information

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

Mailing Address‡

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

Dog Information

Dog's Name*			Dog's Breed*	Dog's DOB (YYYY/MM/DD)
Gender* ◯ Male ◯ Female	Spayed/Neutered* ◯ Yes ◯ No	Microchipped* ◯ Yes ◯ No	If yes, provide microchip number	
Colour*	Veterinary Clinic		Tag Type* ◯ Small (22.5mm x 25mm) ◯ Large (30mm x 33.2mm)	
Licence Type/Cost				

Additional Dog

Dog's Name*			Dog's Breed*	Dog's DOB (YYYY/MM/DD)
Gender* ◯ Male ◯ Female	Spayed/Neutered* ◯ Yes ◯ No	Microchipped* ◯ Yes ◯ No	If yes, provide microchip number	
Colour*	Veterinary Clinic		Tag Type* ◯ Small (22.5mm x 25mm) ◯ Large (30mm x 33.2mm)	
Licence Type/Cost				

*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 ◯ $10 ◯ $25 ◯ $50			Sum Received* $
Payment Type ◯ Cheque ◯ Mastercard ◯ VISA			
Credit Card Holder Name	Credit Card Number	CVC	Expiry Date (YYYY/MM)

Who do I make a cheque out to?
Please make cheques payable to DocuPet.

Where do I mail this form?
DocuPet
2 Gore St
Kingston ON K7L 2L1

Personal information is being collected under s.26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used only for purposes directly associated with dog licensing and control. Inquiries about the collection or use of this information can be directed to info@rdno.ca.