City of Ferndale Pet License Form

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



15 Technology Pl

East Syracuse NY 13057

Suite 1

Contact I	nformation										
First Name					Last Name						
Email Addr	ess (Optional: required	for online account and e	electronic renewal remin	ders)							
			Phone Type			*DOB (MM/			(YYY)		
			○ Home ○ Mobile ○ Work								
·						*Optional					
Mailing A	ddress										
Street Number	Street Name				Unit or City Apartment			у		ZIP Code	
		sical address for your p	et, you must complete	the Physical <i>i</i>	Address	section belov	v.				
Physical A	Address										
Street Number	Street Name				Unit or City Apartment		City	ity		ZIP Code	
Pet Inforn	nation										
Pet's Name				Pet's Bree	Pet's Breed			Pet's DOB (MM/DD/YYYY)			
Sex	Spayed/Neutered Microchippe			pped	ed If yes, provide mic			ochi	p number		
○ Male	○ Female ○ Yes ○ No ○ Yes ○		○ No	⊃ No							
Color		Veterinary Clinic Tag Size									
T				⊖ Sı	mall (0	.86 inches	s) () Larg	ge (1	25 inches)		
License Type											
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								Sum Received			
○ \$10 Payment Ty	уре	○ \$100 ○ \$25	0					\$			
	nake a check ou						Where		o I mail this	form?	

Required Documentation

You are required to provide a copy of your pet's rabies certificate. If you are licensing a new or recently spayed or neutered pet, you must also provide a spay/neuter certificate. Note that document submissions will not be mailed back to you.