We Care Animal Rescue Pet License Form

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



Contact I	nformation											
First Name					Last N	Last Name						
Email Addr	ess (Optional: required	l for online account ar	nd electronic re	enewal remin	ders)							
Telephone Phone Type O Home			oe .				*DOB (MM/DD/YYYY)					
			○ Home	○ Home ○ Mobile ○ Wo			ork					
Mailing A	ddress							DOB is require enior citizen d		determine eligibi ınts.	lity to receive	
Street	Street Name		Unit or City ZIP Code									
Number	Street Maine	Street Name					rtment	City			ZIF Code	
If your mailing	address is not the the	physical address for	your pet, you	must comple	ete the Physi	ical Ado	dress section	below.				
Physical A	Address											
Street Number	Street Name					Unit or Apartment		City		ZIP Code		
Pet Inforr	nation					•		•				
Pet's Name					Pet's Breed				Pet's DOB (MM/DD/YYYY)			
Sex	Spayed/Neute	tered Microchipped			If yes, provide microchip number							
○ Male ○ Female		○ Yes ○	No	lo Yes O No								
Color Veterinary Clinic				Tag Size ○ Small (0.86 inches) ○ Large (1.25 inches)								
License Ty	ре									<u> </u>		
 1 Year Spayed/Neutered Dog License \$30.00 3 Year Spayed/Neutered Dog License \$70.00 1 Year Not Spayed/Neutered Dog License \$130.00 1 Year Voluntary Spayed/Neutered Cat License \$20.00 3 Year Voluntary Spayed/Neutered Cat License \$50.00 						 1 Year Voluntary Not Spayed/Neutered Cat License \$120.00 1 Year Spayed/Neutered Senior Discount (65+) Dog License \$20.00 3 Year Spayed/Neutered Senior Discount (65+) Dog License \$60.00 1 Year Spayed/Neutered Senior Discount (65+) Cat License 						
						\$10.00 3 Year Spayed/Neutered Senior Discount (65+) Cat License \$30.00						
* Pet owners m	ust be 65 or older to q	ualify for senior citiz	en rates.									
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 \$\infty\$ \$5 \$\infty\$ \$10 \$\infty\$ \$25 \$\infty\$ \$50									Sum Received			
Payment Type									- \$			
∩ Check												

Who do I make a check out to?

Please make checks payable to DocuPet.

Where do I mail this form? DocuPet

1345 Charter Oak Ave Saint Helena CA 94574