

# Pet License Form

To obtain additional forms you can go online to [southport.docupet.com/offline](http://southport.docupet.com/offline) or email us at [info@docupet.com](mailto:info@docupet.com). This form can either be mailed, or brought in by person to The City of Southport.



## Address & Contact Information

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

## Pet Information

|  |  |  |                                  |                        |
|--|--|--|----------------------------------|------------------------|
| Pet's Name*  |  | Pet's Breed*   |                                  | Pet's DOB (YYYY/MM/DD) |
| Gender*<br><input type="radio"/> Male <input type="radio"/> Female   | Spayed/Neutered*<br><input type="radio"/> Yes <input type="radio"/> No | Microchipped*<br><input type="radio"/> Yes <input type="radio"/> No                                  | If yes, provide microchip number |                        |
| Color*   | Rabies Expiry Date (YYYY/MM/DD)*                                       | Tag Type*<br><input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm) |                                  |                        |
| Veterinary Clinic  |  |  |                                  |                        |
| License Type<br><input type="radio"/> Dog or Cat - Altered \$15.00 <input type="radio"/> Dog or Cat - Intact \$25.00 |  |  |                                  |                        |

## Additional Pet

|  |  |  |                                  |                        |
|--|--|--|----------------------------------|------------------------|
| Pet's Name*  |  | Pet's Breed*   |                                  | Pet's DOB (YYYY/MM/DD) |
| Gender*<br><input type="radio"/> Male <input type="radio"/> Female   | Spayed/Neutered*<br><input type="radio"/> Yes <input type="radio"/> No | Microchipped*<br><input type="radio"/> Yes <input type="radio"/> No                                  | If yes, provide microchip number |                        |
| Color*   | Rabies Expiry Date (YYYY/MM/DD)*                                       | Tag Type*<br><input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm) |                                  |                        |
| Veterinary Clinic  |  |  |                                  |                        |
| License Type<br><input type="radio"/> Dog or Cat - Altered \$15.00 <input type="radio"/> Dog or Cat - Intact \$25.00 |  |  |                                  |                        |

## Payment\*

|  |                     |
|--|---------------------|
| Payment Type<br><input type="radio"/> Check  | Sum Received*<br>\$ |
| <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?

The City of Southport  
1029 N Howe St  
Southport NC 28461

### Who do I make a cheque out to?

Please make cheques payable to The City of Southport