## **Pet Licence Form**

info@aurora.docupet.com.



To obtain additional forms you can go online to **aurora.docupet.com/aurora/offline** or email us at **info@aurora.docupet.com**. This form can either be mailed to the Town of Aurora or brought in by person to the participating locations.

## Address & Contact Information

First Name		Last Name							
Email Address (required for					Date of Birth (YYYY/MM/DD)				
Street Number	Street Name and City								
Unit or Apartment	Postal Code	Telephone			Ce	Cellphone			
Pet Information									
Pet's Name		Pet Br	Pet Breed				Colou	r	
Pet Date of Birth (YYYY/MM/DD)		Rabies Expiration Date (YYYY/MM/E		DD)	Gender		○ Fem	ale	
Spayed/Neutered N		Microchipped	Microchipped		If yes, provide mid				
		○ Yes (	○ Yes ○ No						
Veterinary Clinic				Tag Type					
					nall (22.5mm x 25mm)			○ Large (30mm x 33.2mm)	
Licence Type  O Dog Licence \$3	ior Rate: Dog I	g Licence			\$23.00	○ \$ \$11.	Senior Rate: Cat Licence 50		
*Det owners must be 55	\$17.75 or older to qualify for senior citi	zen rates					Ψ11.	30	
Additional Pet									
Pet's Name		Pet Br	Pet Breed			Colour			
Pet Date of Birth (YYYY/MM/DD) Rab		Rabies Expiration D	abies Expiration Date (YYYY/MM/DD)			Gender  Male Female			
Spayed/Neutered Micro		Microchipped	rochipped			If yes, provide microchip number			
○ Yes ○ No	○ Yes ○ No ○ Yes		s ○ No						
Veterinary Clinic			Tag Type  Small (22.5mm x 25n			mm x 25mm)	○ I	Large (30mm x 33.2mm)	
Licence Type									
O Dog Licence \$34.50 Senior Rate: Dog Licence \$17.75					Cat Licence \$23.00 Senior Rate: Cat Licence \$11.50				
*Pet owners must be 55	or older to qualify for senior citi	zen rates.							
Payment									
Payment Type by Mail					Payment Type in Person				
○ Cheque (ALL NSF CHEQUES ARE SUBJECT TO A \$37.00 ADMINISTRATIVE				FEE)	Cash O Debit O Cheque				
						Sum Received			
I acknowledge that the foregoing application may contain "personal information" as de the Municipal Freedom of Information and Protection of Privacy Act, and that such information pursuant to the provisions of the Municipal Act and will be utilized by the Towadministration of this licence. In the event my pet is lost, I hereby authorize the Town release my "personal information" in order that I may be contacted directly regarding to f my pet. On approval and payment of the fee this application becomes a licence.				ormation is on for of Aurora to	Wh	ere do I mail this The Town of 100 John We	Aurora st Way x 1000 4G 6J1	Who do I make a cheque out to? The Town of Aurora	
Should you require further information, please contact The Town of Aurora at 905-727-1375 or email bylawdept@aurora.ca or contact DocuPet at 1-855-249-1370 or email					Pet Owne	er Signature:		Date:	