Castle Rock Pet License Form

To obtain additional forms you can go online to crgov.demo-us.docupet.com/offline.
Unless otherwise specified, this form must be completed in its entirety.

Contact Information

First Name	Last Name

Email Address (*Optional: required for online account and electronic renewal reminders*)

Telephone	Phone Type	*DOB (MM/DD/YYYY)
	◯ Home ◯ Mobile ◯ Work	

*Optional

Mailing Address

Street Number	Street Name	Unit or Apartment	City	ZIP Code

If your mailing address is not the physical address for your pet, you must complete the Physical Address section below.

Physical Address

Street Number	Street Name	Unit or Apartment	City	ZIP Code

Pet Information

Pet's Name	Pet's Breed	Pet's DOB (MM/DD/YYYY)

Sex	Spayed/Neutered	Microchipped	If yes, provide microchip number
◯ Male ◯ Female	◯ Yes ◯ No	◯ Yes ◯ No	

Color	Veterinary Clinic	Tag Size
		◯ Small (0.86 inches) ◯ Large (1.25 inches)

License Type

◯ Altered- 1 Year $10.00
◯ Altered- 3 Year $30.00
◯ Unaltered- 1 Year $20.00
◯ Unaltered- 3 Year $60.00

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
◯ $5 ◯ $10 ◯ $25 ◯ $50 ◯ $100 ◯ $250	$
Payment Type	
◯ Check ◯ Mastercard ◯ VISA	

Who do I make a check out to?

Please make checks payable to DocuPet

Where do I mail this form?

DocuPet
15 Technology Pl
Suite 1
East Syracuse NY 13057

Required Documentation

You are required to provide a copy of your pet's rabies certificate. Note that document submissions will not be mailed back to you.