Pet License Form

To obtain additional forms you can go online to **southport.docupet.com/offline** or email us at **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* ◯ Male ◯ Female	Spayed/Neutered* ◯ Yes ◯ No	Microchipped* ◯ Yes ◯ No	If yes, provide microchip number
Color*	Rabies Expiry Date (YYYY/MM/DD)*	Tag Type* ◯ Small (22.5mm x 25mm) ◯ Large (30mm x 33.2mm)
Veterinary Clinic		
License Type ◯ Dog or Cat - Altered $15.00 ◯ Dog or Cat - Intact $25.00		

Additional Pet

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

*Payment**

Payment Type ◯ Check	Sum Received* $
◯ 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