



Fee: _____
☐ New ☐ Renewal
☐ Involuntary

ANIMAL LICENSE INFORMATION

Animal Name: _____

Owner's Name(s): _____

Mailing Address: _____

Location of Animal: (Street Address) _____

Phone Number: Home: _____ Work: _____ Cell: _____

Colour: _____

Birth Date of Animal: _____

Breed: _____

Sex: ☐ Male ☐ Female

Altered: ☐ Yes (must attach documentation to receive a reduced rate) ☐ No

Restricted: ☐ Yes (must attach proof of having \$500,000 liability insurance on dog) ☐ No

Animal Size: ☐ Small ☐ Medium ☐ Large

Purebred: ☐ Yes (Tattoo No.: _____) ☐ No

Description/Distinctive Markings: _____

Signature of Owner: _____ Date: _____

PLEASE NOTE THAT ANY PERSONAL INFORMATION THAT YOU PROVIDE TO OUR OFFICE IS BEING COLLECTED UNDER THE AUTHORITY OF SECTION 32 (C) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED ONLY IN ACCORDANCE WITH THAT ACT.

OFFICE USE ONLY

Tag #: _____ Receipt #: _____

Animal ID #: _____

Notes: _____

Date Stamp Received