

TAG NO.



ANIMAL LICENSE APPLICATION – BYLAW 691-10

OWNER INFORMATION

NAME

CIVIC ADDRESS

MAILING ADDRESS

PHONE NUMBER

ALTERNATE PHONE NUMBER

PET INFORMATION

NAME OF PET

BREED

MICROCHIP/TATTOO

AGE

MALE/FEMALE

NEUTERED/SPAYED

DOMINANT COLOR

SECOND COLOR

THIRD COLOR

DATE OF LAST RABIES VACCINATION

DISTEMPER VACCINATION

VACCINATION RENEWAL DATE

LICENSE FEE: _____

RECEIPT NUMBER: _____

APPLICANT SIGNATURE _____ DATE: _____

AUTHORIZED SIGNATURE _____ DATE: _____

LICENSE RENEWAL DATE: _____