



TAG NO:

ANIMAL LICENSE APPLICATION – BYLAW 819-20

PET OWNER INFORMATION

NAME

CIVIC ADDRESS

EMAIL ADDRESS

MAILING ADDRESS

PHONE NUMBER

ALTERNATE PHONE NUMBER

PET INFORMATION

☐ CAT

☐ DOG

NAME OF PET

BREED

MICROCHIP/TATTOO

AGE

MALE/FEMALE

COLOURS

DATE OF LAST RABIES VACCINATION

RENEWAL DATE

DATE OF LAST DISTEMPER VACCINATION

RENEWAL DATE

APPLICANT SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

License Fee: ☐ \$15 ☐ \$20 ☐ \$100

Receipt #: _____

This License is valid from: _____ to: _____

ANIMAL LICENSE RENEWALS

TAG NO. _____ **PET NAME:** _____

OWNERS NAME: _____

CONTACT INFO UPDATES: _____

RENEWED ON: _____ RECEIPT # _____

RABIES CURRENT ☐ NEXT VAC DUE ON: _____

DISTEMPER CURRENT ☐ NEXT VAC DUE ON: _____

This license is valid from: _____ to: _____

RENEWED ON: _____ RECEIPT # _____

RABIES CURRENT ☐ NEXT VAC DUE ON: _____

DISTEMPER CURRENT ☐ NEXT VAC DUE ON: _____

This license is valid from: _____ to: _____

RENEWED ON: _____ RECEIPT # _____

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