

Animal License Application

Owner Information

Name:				
Mailing Address:				
City:	Province:		Postal Code:	
Phone #:	Email Address:			
Signature:	I	Date:		

Pet 1 Information

Name:	Date of Birth:
Species: Dog Cat	Male Female
Breed:	Spayed / Neutered: Yes No
Colour:	Tattoo ID #:
Microchip #:	Tag #:

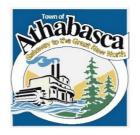
Pet 2 Information

Name:	Date of Birth:
Species: Dog Cat	Male Female
Breed:	Spayed / Neutered:
	Yes No
Colour:	Tattoo ID #:
Microchip #:	Tag #:

Please submit completed form to:

Email:	ar@athabasca.ca	Mail:	4705 49 Avenue
Fax:	780-675-4242		Athabasca, AB T9S 1B7

The personal information requested on this form is being collected by the Town of Athabasca under the authority of the Freedom and Protection of Privacy Act FOIP Act Section 33(c). If you have any questions about the collection or use of your personal information, contact 780-675-2063.



Animal License Application

Pet 3 Information

Name:		Date of Birth:	
Species: Dog (Cat	Male	Female
Breed:		Spayed / Neutered: Yes	No
Colour:		Tattoo ID #:	
Microchip #:		Tag #:	

Pet 4 Information

Name:	Date of Birth:
Species: Dog Cat	Male Female
Breed:	Spayed / Neutered: Yes No
Colour:	Tattoo ID #:
Microchip #:	Tag #:

Pet 5 Information

Name:	Date of Birth:
Species: Dog Cat	Male Female
Breed:	Spayed / Neutered: Yes No
Colour:	Tattoo ID #:
Microchip #:	Tag #:

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	_		Athabasca, AB
Fax:	780-675-4242		T9S 1B7