

Animal License Application

Owner Information

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

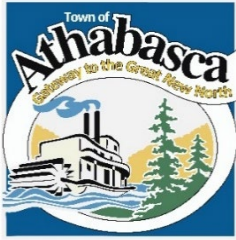
Name:	Date of Birth:
Species: Dog Cat	Male Female
Breed:	Spayed / Neutered: Yes No
Colour:	Tattoo ID #:
Microchip #:	Tag #:

Please submit completed form to:

Email: ar@athabasca.ca

Mail: 4705 49 Avenue
Athabasca, AB
T9S 1B7

Fax: 780-675-4242



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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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