



## TOWN OF SAINTE-ANNE ANIMAL LICENSE APPLICATION

Owner Information:

|          |                  |  |             |  |  |  |
|----------|------------------|--|-------------|--|--|--|
| REQUIRED | Last Name:       |  | First Name: |  | Initial:                                   |  |
|          | Mailing Address: |  |             |  | Civic Address (If Different from mailing): |  |
|          | City:            |  | Province:   |  | Postal Code:                               |  |
|          | Home Phone:      |  | Work Phone: |  | Cell Phone:                                |  |

Pet Information:

|          |  |  |                          |   |                             |  |
|----------|--|--|--------------------------|---|-----------------------------|--|
| REQUIRED | Pets Name:   |  |                          |   |                             |  |
|          | Date of Birth:   |  | Rabies Vaccination Date: |   | Rabies Expiry Date:         |  |
|          | Sex:<br>Male      Female                                     |  |                          | Spayed / Neutered:<br>Yes                      No |                             |  |
|          | Pure Bred:<br>Yes      No                                    |  | Breed:                   |   |                             |  |
|          | Dominant Color:  |  | Second Color:            |   | Third Color:                |  |
|          | Does Pet take Regular Medication?                            |  |                          | Name of Veterinary Clinic:                        |                             |  |
|          | Tattoo Number:   |  | Micro-Chip Number:       |   | Location of Chip or Tattoo: |  |
|          | Copy of Rabies vaccination certificate given:<br>Yes      No |  |                          |   |                             |  |

|                        |       |
|------------------------|-------|
| Pet Owner's Signature: | Date: |
|------------------------|-------|

Office Use Only

|                     |                 |
|---------------------|-----------------|
| License/Tag Number: | Receipt Number: |
| Date Processed:     | Amount Paid     |