



# Annual Pet License/Tag Application

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

Fees:	Regular	Senior (over 65 years of age)	Replacement
Before February 15th	\$20.00	\$10.00	\$ 5.00
After February 15th	\$30.00	\$20.00	\$ 5.00

**Owner's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (for returning your pet) \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone(s) Home: \_\_\_\_\_ Work : \_\_\_\_\_ Cell : \_\_\_\_\_

Email: \_\_\_\_\_

If applying for a senior's discount please indicate year of birth of the pet owner: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Pattern or distinguishing marks: \_\_\_\_\_

Age or birthday of pet: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed or Neutered? Yes  No

**-For tag distributor use only-**

For a replacement of tag please record the tag number being replaced # \_\_\_\_\_

Check Species: Dog  Cat  Year: \_\_\_\_\_ Registration Tag # \_\_\_\_\_ Fee: \_\_\_\_\_

Payment Method: Cash  Cheque  **\*\*\*Payable to Animal Services\*\*\*** Credit  (complete opposite side)

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Pattern or distinguishing marks: \_\_\_\_\_

Age or birthday of pet: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed or Neutered? Yes  No

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