



PLEASE PRINT

Department of Community Services

ANIMAL LICENSING APPLICATION FORM

CONTACT INFORMATION (to be completed by the applicant)

SECTION 1

Owner Name(s) AND Street Address City/Town Postal Telephone (home) (work) (cell) E-mail (required for yearly reminders) Mailing Address [] same as above Street Address City/Town Postal

ANIMAL DETAILS (to be completed by the applicant)

SECTION 2

Dog [] Cat [] Male [] Female [] Name Breed Color D.O.B.(yyyy-mm-dd) Weight (lbs.) Spayed/Neutered [] Yes [] No Veterinary Hospital Special Markings Microchip # Tattoo # Tattoo Location Dangerous to People [] Yes [] No Dangerous to Animals [] Yes [] No

IMPORTANT INFORMATION - PLEASE NOTE

SECTION 3

THESE TAGS MAY BE PURCHASED FOR \$15 EACH THIS APPLICATION MUST BE RENEWED YEARLY

OFFICE USE ONLY

SECTION 4

Tag # Issue Location Payment Fee Receipt # Signature Issue Date (yyyy-mm-dd)

Please bring completed form to Access St. John's, 1st Floor, City Hall, Humane Services, 81 Higgins Line or any local veterinarian hospital during normal working hours.

For additional information please visit Access St. John's Call: 311 Where 311 is unavailable, call 709-754-CITY (2489) E-mail: humaneservices@stjohns.ca Call Humane Services 576-6126 Monday-Friday Noon - 4 PM, Sat-Sun 3-5 PM

