



1102 Fourth Street | Estevan, SK, S4A 0W7 | Tel: 306-634-1800

ANIMAL LICENSE APPLICATION

Owner Information (Please Print Clearly)	
Name	Civic Street Address
Day Time Phone (Business)	Postal Code
Evening Phone	Mailing Address
Email Address	
Animal Information (Please Print Clearly)	
Animal Name	Check One <input type="checkbox"/> CAT <input type="checkbox"/> DOG
Check One <input type="checkbox"/> NEUTERED MALE <input type="checkbox"/> SPAYED FEMALE <input type="checkbox"/> INTACT MALE <input type="checkbox"/> INTACT FEMALE	
Copy of veterinarian record procedure attached <input type="checkbox"/> YES <input type="checkbox"/> NO	
Animal Color(s)	
Animal Age	Updated Rabies Vaccination <input type="checkbox"/> YES <input type="checkbox"/> NO
Animal Breed	Vaccination copy attached <input type="checkbox"/> YES <input type="checkbox"/> NO
Vet Clinic	Vaccination expiration date

I will ensure that the tag issued will be worn by the dog or cat when the animal is off my premises.

Owner's Signature

Date

OFFICE USE ONLY

Serial Number

Approved

Authorizing Signature

Date