

Schedule "B"

ANIMAL LICENSE APPLICATION FORM

TAG #:
REPLACES
TAG #:
RECEIPT#:

PLEASE NOTE THAT ALL FIELDS MUST BE COMPLETED

License is for a CAT or D	
8	Postal Code:
	dress or legal land description)
Phone #:	Phone #:
Email (optional):	
Name of Cat/Dog:	
Breed of Cat/Dog:	
Sex of Cat/Dog:	Neutered: Yes / No Spayed: Yes / No
	or years) Color of Cat/Dog:
Special Markings or Tattoos	:
If applying for a Dog License jurisdiction Yes No	e, has the Dog ever been declared as a Vicious Dog in any other
If <u>YES,</u> you will be required	to obtain a Vicious Dog License (Schedule "C")
Cost: \$ See Speci	fied of Licensing Fees (Schedule "G")
Signature of Applicant:	
Date:	
Staff Name:	Title:
Staff Signature:	
Office phone: 780-766-2269 Email: info@wembley.ca	Office FAX: 780-766-2868
The personal information requested on	PO Box 89, 9940-101 Street Wembley, Alberta T0H3S0 this form is being collected due to the required provincial and municipal legislation, under the and Protection of Privacy (FOIP) Act and is protected by the FOIP Act.



Schedule "G"

SPECIFIED OF LICENSING FEES

FEE (Description) *Proof of Alteration	FEE (\$)
Altered Dog License*	15.00
Intact Dog License	25.00
Replacement Dog Tag	5.00
Altered Cat License*	5.00
Intact Cat License	10.00
Replacement Cat Tag	5.00
Vicious Dog License	250.00
Replacement Vicious Dog Tag	5.00