



5012 - 48 Avenue, Sylvan Lake, AB T4S 1G6

P:403 887 2141 F:403 887 3660

Email: reception@sylvanlake.ca

PET LICENSE

Name of Owner:

Address:

Email Address:

City:

Province:

Postal Code:

Work:

Home:

Cell:

Applicant Date:

Tag:

Year:

Pet Name:

Dog: ☐

Cat: ☐

Birth Date:

Male: ☐

Female: ☐

Color:

Tattoo:

Spayed/Neutered \$30.00: ☐

No Spayed/Neutered \$60.00: ☐

Poodle ☐

Labrador ☐

Collie ☐

Chihuahua ☐

Shepard ☐

Rottwiler ☐

Retriever ☐

Pug ☐

Persian ☐

Terrier ☐

Shih Tzu ☐

Spaniel ☐

Siamese ☐

Long Hair ☐

Short Hair ☐

Other ☐

FOR OFFICE USE ONLY If other, please describe:

Receipt Number:

Method of Payment:

Tax Roll Number:

Customer Number:

The personal information on the form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of licensing pets and is protected by the FOIP Act. If you have any questions or concerns about the collection and use of this information, please contact the Town of Sylvan Lake at (403) 887-2141.

Entered By:

Date: