

Schedule "B"

TAG #: _____
REPLACES
TAG #: _____
RECEIPT#: _____

ANIMAL LICENSE APPLICATION FORM

PLEASE NOTE THAT ALL FIELDS MUST BE COMPLETED

Owner Name: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Physical Address: (urban address 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

Age of Cat/Dog: (weeks, months, or years) _____ Color of Cat/Dog: _____

Special Markings or Tattoos: _____

If applying for a Dog License, has the Dog ever been declared as a Vicious Dog in any other jurisdiction Yes [] No []

If YES, you will be required to obtain a Vicious Dog License (Schedule "C")

Cost: \$ _____

Signature of Applicant: _____

Date: _____

Staff Name: _____ Title: _____

Staff Signature: _____

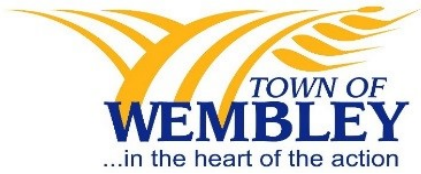
Office phone: 780-766-2269

Office FAX: 780-766-2868

Email: info@wembley.ca,

PO Box 89, 9940-101 Street Wembley, Alberta T0H3S0

The personal information requested on this form is being collected due to the required provincial and municipal legislation, under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act.



Schedule "G"

SPECIFIED OF LICENSING FEES

Section	FEE (Description)	FEE (\$)
2.1	Altered Dog License	15.00
2.1	Intact Dog License	25.00
2.8	Replacement Dog Tag	5.00
3.1	Altered Cat License	5.00
3.1	Intact Cat License	10.00
3.8	Replacement Cat Tag	5.00
11.1	Vicious Dog License	250.00
11.1	Replacement Vicious Dog Tag	5.00