Town of Springside
Saskatchewan Canada

# APPLICATION for PET LICENSE

Name of Animal Owner: _____

Animal:
Cat __
Dog __

Address: _____
Box # Street Address

_____
Town Postal Code

_____
Phone – home Phone – cellular/work

_____
Email address

Is this animal a SERVICE dog? Certificate Provided? Yes _____ No _____

This animal is: sterilized _____ non-sterilized _____

Description of Animal:

Breed: _____

Distinct Markings: _____ Color:_____

Sex: Male / Female Age:_____ Name:_____

Has this animal been deemed a dangerous animal by any jurisdiction? yes no

*I certify the above information to be correct. I agree to allow the above information to be contained in a registry/database which may be held by the Town of Springside. I further agree to allow the Town of Springside or appointed designate to contact me via any of the above means.*

_____ _____
Signature of Applicant Date

**FOR OFFICE USE ONLY DATE**

DATE LICENSE ISSUED: _____ ANNUAL REGISTRATION FEE: $10.00/animal TAG #: _____

RECEIPT #: _____ LIFETIME LICENSE TAG FEE: $50.00/animal TAG #: _____

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