



Mount Pearl

ANIMAL LICENSING APPLICATION FORM

PLEASE PRINT

CONTACT INFORMATION

SECTION 1

Owner's Name(s) _____ AND _____

Street Address _____

City _____ Postal Code _____

Telephone (home) _____ (work) _____ (cell) _____

E-mail _____

ANIMAL DETAILS

Dog _____ Cat _____ Male _____ Female _____ SECTION 2

Breed _____ Color _____

Spayed/Neutered Yes _____ No _____ Veterinary Hospital _____

Special Markings _____

Microchip # _____ Tattoo # _____ Tattoo Location _____

Friendly _____ Not Friendly _____

OFFICE USE ONLY

SECTION 3

Tag # _____ Issue Location _____

Issue Date (yyyy-mm-dd) _____

Please bring completed form to City Hall, 3 Centennial Street, during normal working hours
or to H. Neil Windsor Municipal Building, 59 Clyde Avenue.

For additional information:

Call 748-1016

Visit www.mountpearl.ca