



# 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 \_\_\_\_\_ Pet Name \_\_\_\_\_

### 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](http://www.mountpearl.ca)