



**Application – Dog / Cat License**

Please return by Fax:(780)888-2200, Email: [marge@hardisty.ca](mailto:marge@hardisty.ca), or Mail: PO Box 10, Hardisty, AB, T0B 1V0  
 In Person: 4807 – 49 Street, Hardisty, Alberta

**Applicant Information**

Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Company Name (If applicable) \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address/Postal Box Number

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street Address

Home Phone: ( ) \_\_\_\_\_

Bus Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Pet Information			
Breed of Cat/Dog:	_____		
Color:	_____		
Size:	<b>Small</b>	<b>Medium</b>	<b>Large</b>
Sex:	<b>Male</b>	<b>Female</b>	
Neutered:	<b>Yes</b>	<b>No</b>	
Name of Cat/Dog:	_____		
Age (Year Born):	20 _____		
Does your Dog have any of the following breeds:	Pit Bull	<b>Yes/No</b>	
	Pit Bull Terrier	<b>Yes/No</b>	
	American Pit Bull Terrier	<b>Yes/No</b>	
From whom/where did you acquire:	_____		
How many Cats/Dogs do you own:	_____		

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only					
License #:		Dog	Cat		
Date:	Amount Paid:	Date:	Amount Paid:	Date:	Amount Paid: