

**Bylaw 2016 – 05**  
**Appendix “A”**  
**ANIMAL CONTROL BYLAW**  
**Application for License**

**Owner’s Name:** \_\_\_\_\_

**Civic Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Alternate Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of Animal:** Dog \_\_\_\_ Cat \_\_\_\_ **Sex:** Male \_\_\_\_ Female \_\_\_\_

**Please attach photo to this application and provide description:**  
(colour, breed, any distinguishing features, history of vaccinations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of Vaccinations:** \_\_\_\_\_

**Is the animal Spayed/Neutered:** Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
**Owner’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administrator’s Signature**

\_\_\_\_\_  
**Date**

For Office Use Only:  
License Number Issued: \_\_\_\_\_

Replacement License Number Issued and Date: \_\_\_\_\_