

WHITE CITY PET LICENCE Owner Information

First Name:			Last Name:			
Physical Address:			Postal Code:			
Mailing Address:			Post	al Code:		
Primary Phone:	mary Phone:			Secondary Phone:		
Email Address:						
Pet Information						
	PET 1			PET 2		
Pet's Name:			Pet's Name:			
Type of Pet:	□ Dog	□ Cat	Type of Pet:	□ Dog	□ Cat	
Pet's Sex:	□ Male	☐ Female	Pet's Sex:	☐ Male	☐ Female	
Neutered/Spayed: ☐ Yes ☐ No			Neutered/Spayed: \square Yes \square No			
Pet's Age:			Pet's Age:			
Primary Breed:			Primary Breed:			
Primary Colour:			Primary Colour:			
Microchip Number:			Microchip Numb	oer:		
Please attach (if applicable): - Proof of Sterilization (Spay/Neuter) - Current Vaccination Records - Copy of Service Dog Certification			Fees: Sterilized Dog or Cat: Non-Sterilized Dog o Service or Police Dog	r Cat: \$50.0	00 🔲	
OFFICE USE ONLY						
Pet License	Number	Date Issued _	F	ee Collected		
Receipt Number:						