



# DOG LICENSE REGISTRATION

Please complete this form with as much detail as possible.  
The information contained in this form will be used for our records only.  
**Any field marked with an asterisk (\*) must be completed.**

NEW APPLICATION       RENEWAL       CHANGE OF INFORMATION

## OWNER INFORMATION

\*LAST NAME: \_\_\_\_\_ \*FIRST NAME: \_\_\_\_\_  
\*ADDRESS: \_\_\_\_\_ \*POSTAL CODE: \_\_\_\_\_  
\*PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
\*EMAIL: \_\_\_\_\_ ALTERNATE EMAIL: \_\_\_\_\_

## PET INFORMATION

\*PET NAME: \_\_\_\_\_ \*BREED: \_\_\_\_\_  
\*SPAYED/NEUTERED: \_\_\_\_\_ \*SEX: \_\_\_\_\_  
COLOUR: Dominant: \_\_\_\_\_ Secondary: \_\_\_\_\_  
COAT: \_\_\_\_\_ Other: \_\_\_\_\_  
TAIL: \_\_\_\_\_  
MICROCHIP #: \_\_\_\_\_ TATTOO: \_\_\_\_\_  
VETERINARY: \_\_\_\_\_  
TEMPERMENT: \_\_\_\_\_ PUREBREAD/MIXED: \_\_\_\_\_  
\*YEAR OF BIRTH: \_\_\_\_\_ \*RABIES SHOT (YEAR): \_\_\_\_\_

NUISANCE ANIMAL       RESTRICTED ANIMAL

Additional Notes or Conditions:

TAG #: \_\_\_\_\_ TAG DATE: \_\_\_\_\_ PAYMENT VALUE: \$ \_\_\_\_\_

I, \_\_\_\_\_ certify the above information is correct.

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

**Animal Fees & Charges are determined in accordance with the Town's Fees and Charges Bylaw.**

The personal information collected on this form is collected for administrative purposes. The personal information is collected under the authority of Bylaw 07-2022 and the Protection of Privacy Act, Section 4(c). For questions about the collection of personal information, contact the Town of Vegreville Privacy Officer at [privacyofficer@vegreville.com](mailto:privacyofficer@vegreville.com), 780-632-7951 or 4829-50 Street, Box 640, Vegreville, Alberta T9C 1R7.