



Application – Dog / Cat License

Please return by Fax: (780)888-2200, Email: payments@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:	Small	Medium	Large
Sex:	Male	Female	
Neutered:	Yes	No	
Name of Cat/Dog:	_____		
Age (Year Born):	20 _____		
Does your Dog have any of the following breeds:	Pit Bull		Yes/No
	Pit Bull Terrier		Yes/No
	American Pit Bull Terrier		Yes/No
From whom/where did you aquire:	_____		
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: