

## **Animal License**

Applicant's Information	
Applicants Name:	Application Date:
Mailing Address:	Civic Address:
Phone (Primary):	Phone (Secondary):
Animal Information	
Animal's Name:	Gender: Male Female
Animal's Breed:	Species: Dog Cat
Color/Marking:	Vaccinated: Yes No
	Spayed Neutered
	License Number:
	License Fee:
Applicant Signature:	
For Office Use Only	
Date:	
CR #:	RENEWAL NEW
Payment: Cash Dehit Cheque	Credit Card

Please bring this completed form to the Town of Spirit River to obtain an Animal License.