Municipality of Greenfield
Animal Services Department

Pet Licence Application Form (2007)

Applicant Information:
Full Name: _____
Address: _____
City: _____ Postal Code: _____
Phone Number: _____

Pet Information:
Pet Name: _____
Species (Dog/Cat): _____
Breed: _____
Color: _____
Age: _____ Sex: _____
Spayed/Neutered (Y/N): _____
Rabies Vaccination Expiry Date: _____

Emergency Contact Information:
Name: _____
Phone Number: _____

Declaration:
I certify that the information provided is accurate and complete.

Signature: _____ Date: _____

Office Use Only:
Licence Number: _____
Fee Paid: _____
Date Issued: _____