



PLEASE PRINT

Department of Community Services

ANIMAL LICENSING APPLICATION

Contact Information

SECTION 1

Owner Name(s) \_\_\_\_\_ and \_\_\_\_\_
Street Address \_\_\_\_\_
City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_
E-mail (required for yearly reminders) \_\_\_\_\_
Mailing Address – Same as Above
Address/PO Box \_\_\_\_\_
City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Animal Details

SECTION 2

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
Name \_\_\_\_\_ Breed \_\_\_\_\_
Colour \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight (lbs) \_\_\_\_\_
Spayed/Neutered Yes \_\_\_\_\_ No \_\_\_\_\_ Veterinary Hospital \_\_\_\_\_
Special Markings \_\_\_\_\_
Microchip # \_\_\_\_\_ Tattoo # \_\_\_\_\_ Tattoo Location \_\_\_\_\_
Dangerous to People Yes \_\_\_\_\_ No \_\_\_\_\_ Dangerous to Animals Yes \_\_\_\_\_ No \_\_\_\_\_

Office Use Only

SECTION 3

Tag # \_\_\_\_\_ Issue Location \_\_\_\_\_
Payment Fee \_\_\_\_\_ Receipt # \_\_\_\_\_
Signature \_\_\_\_\_ Issue Date \_\_\_\_\_

<b>Animal Licensing Application</b>		<b>Department of Community Services</b>	
Privacy Note		<b>SECTION 4</b>	
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of reuniting a lost pet. Questions about the collection and use of the information may be directed to Cindy R. McGrath, Manager – Humane Services, <a href="mailto:cmcgrath@stjohns.ca">cmcgrath@stjohns.ca</a></p> <p>I authorize the release of this information to finder.  Signature _____ Date _____</p>			
<p>Please bring completed form to either location below:</p> <p>Access St. John's - City Hall, 10 New Gower St.</p> <p>Humane Services - 81 Higgins Line</p> <p>Any local veterinarian hospital during normal working hours</p> <p>The completed form can be mailed to:  Humane Services  PO Box 908  St. John's, NL  A1C 5M2</p>		<p>For additional information:</p> <p>Visit or Call Access St. John's  City Hall, 10 New Gower Street  311 or 709-754-CITY (2489)</p> <p>Call Humane Services  709-576-6126  Monday to Friday, Noon to 4pm  Saturday and Sunday, 3 to 5pm</p> <p>Email <a href="mailto:humaneservices@stjohns.ca">humaneservices@stjohns.ca</a></p>	