



Year: Tag#:

M NM F SF

Sex (Circle one) Age Name

Breed Colour

Microchip#:

Pet Owner's Name: _____ Phone (H) _____

Address: _____ Phone (C) _____

City: _____ Postal Code: _____ Phone (B) _____

E-mail Address: _____

Payment Type:

Cash Cheque Debit Visa Master Card Amex

Card#: _____ Expiry Date: _____

Purchaser Name (please print): _____

Purchaser's Signature

Issuer: _____ Date: _____

CHECK LICENCE TYPE (note: you must meet all requirements)

Dog:

Cat:

- Sterilized/Microchipped \$20
- 55+ Sterilized/Microchipped \$10
- Not Sterilized/Microchipped \$40
- 55+ Not Sterilized/Microchipped \$30

- Sterilized/Microchipped \$10
- 55+ Sterilized/Microchipped \$5
- Not Sterilized/Microchipped \$20
- 55+ Not Sterilized/Microchipped \$15

TOTAL: