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DOG LICENCE APPLICATION EXPIRES DECEMBER 31ST EACH YEAR

Date: _____ Circle: **New** **Renewal** **Replacement**

OWNER INFORMATION

FIRST Name

LAST Name

Applicant: _____

Applicant #2 _____

Physical Address: _____
Apt. Street number Name of Street City/Town

Mailing Address: _____ Email: _____

Primary Ph. _____

Postal Code: _____ Secondary Ph.: _____

DOG 1

Dog Name: _____ Age: _____ Date of Birth: _____ Dog Tag#: _____

Tattoo, Microchip, any other additional information: _____

Breed 1: _____ Breed 2: _____

Please check one: Spayed Neutered Sex: M F

Primary Colour: _____ Secondary Colour: _____

DOG 2

Dog Name: _____ Age: _____ Date of Birth: _____ Dog Tag#: _____

Tattoo, Microchip, any other additional information: _____

Breed 1: _____ Breed 2: _____

Please check one: Spayed Neutered Sex: M F

Primary Colour: _____ Secondary Colour: _____

FOR OFFICE USE

Client Code: _____ Account#: _____

Processed: _____ Rate: _____

Street Area: _____