

APPLICATION TO PURCHASE A DOG OR CAT LICENSE

OWNER INFORMATION	
Owner's Name(s):	
Street Address or I	Lot:
Mailing Address:	
Phone Number: _	E-Mail:
Alternate or Emerg	gency Contact:
ANIMAL INFORMATION	
Pet's Name:	Breed:
Colour/Description	:
\square Dog \square	Cat
☐ Neutered/Spay	ed Proof Provided YES / NO Not Neutered
	ated Proof Provided YES / NO Not Vaccinated
Last Vaccinated by	: Date:
	the animal must be attached. Photo Provided YES / NO e e-mailed to cao-faro@faroyukon.ca
LICENSE INFORMATION	
Tag Number:	
Fee Paid:	Issued by:
Date: _	Signature of Applicant
STATUTOR	Y DECLARATION (Required if proof of Neutering is not provided)
I/We	do solemnly declare that the animal described above and for which I/We
	nt Dog License is, to the best of my/our knowledge and belief, a neutered/spayed
	Signature of Applicant