



Town of Bashaw
Box 510
Bashaw, Alberta T0B 0H0
Phone: (780) 372-3911
Fax: (780) 372-2335

TAG #

ANIMAL REGISTRATION APPLICATION FORM

OWNER INFORMATION

Last Name:

First Name:

<input type="text"/>	<input type="text"/>
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Primary Phone:

Cell Phone:

Email:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mailing Address:

Postal Code:

<input type="text"/>	<input type="text"/>
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Civic Address:

<input type="text"/>

***ANIMAL INFORMATION – (Fill out a separate application form for each pet)**

DOG

CAT

Male

Female

Age

Pet's Name

<input type="text"/>

Primary Breed

<input type="text"/>

Color/Markings

<input type="text"/>

Has your pet been spayed or neutered?

Yes

No

Picture Included

Yes

No

NOTE: As per the Cat/Dog Registration Policy – Medical Certificate is required once for file
Please note that Pet Registration fees are non-refundable once paid.

Signature: _____

Date: _____