



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

5 YEAR ANIMAL REGISTRATION APPLICATION FORM

YEAR 1	TAG #	YEAR 2	TAG #	YEAR 3	TAG #	YEAR 4	TAG #	YEAR 5	TAG#

OWNER INFORMATION

Last Name:

First Name:

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Primary Phone:

Cell Phone:

Email:

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Mailing Address:

Postal Code:

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Civic Address:

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

DOG

CAT

Male

Female

Pet's Name

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Primary Breed

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Color/Markings

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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: _____