



Town of Ponoka  
200 5604 50 Street  
Ponoka, Alberta T4J 1G5  
Office: 403-783-4431  
[www.ponoka.ca](http://www.ponoka.ca)  
[pets@ponoka.ca](mailto:pets@ponoka.ca)

## Animal Licensing Form

### Office Use Only

Customer ID: \_\_\_\_\_ Neutered/Spayed Verification Submitted: \_\_\_\_\_

Document Number: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_ Tag Amount: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Permission to give contact information out if your pet is missing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Dog/Cat: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered/Spayed: \_\_\_\_\_ Verified: \_\_\_\_\_ Microchipped: \_\_\_\_\_ Tattooed: \_\_\_\_\_

Special Markings: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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