



Animal Licence Application

Which of the following animals are you registering with the Town of Cochrane today?

Animal	Item	Cost	What are you registering?
Dog	Male or female unaltered dogs	\$70.00	<input type="checkbox"/>
	Male or female altered dogs	\$35.00	<input type="checkbox"/>
	All unaltered dogs under the age of six months at the time the licence is purchased	\$35.00	<input type="checkbox"/>
	Service Dog	\$0.00	<input type="checkbox"/>
Cat	Male or female unaltered cats	\$40.00	<input type="checkbox"/>
	Male or female altered cats	\$15.00	<input type="checkbox"/>
	All unaltered cats under the age of six months at the time the licence is purchased	\$15.00	<input type="checkbox"/>
Any Animal	Vicious Animal	\$250.00	<input type="checkbox"/>
	Nuisance Animal	\$100.00	<input type="checkbox"/>
	Replacement Tag	\$5.00	<input type="checkbox"/>

Application Details

Applicants must be 18 years of age or older. Are you over 18? Yes No

Primary Owner's name: _____ **Date:** _____

Address: _____

Subdivision: _____ **Postal Code:** _____

Is your physical address the same as your mailing address? Yes No

If no, Mailing Address: _____

Subdivision: _____ **Postal Code:** _____

Email: _____

Primary Owner's phone number: _____

Primary Owner's alternate phone number: _____

Secondary Owner's name: _____

Secondary Owner's phone number: _____

About Your Pet

Is your pet: Spayed/Neutered Unaltered Sex: Female Male

Pet's Name: _____ Are you registering? Dog Cat

Breed(s): _____

Colour(s): _____
(Please list in order of dominance.)

Pet's date of birth: _____
(If the exact date is unknown, month and year are sufficient.)

Tattoo number: _____ Microchip number: _____

Has the Animal been designated as a Vicious Animal pursuant to a Bylaw of another municipality, or any Animal that has been the subject of an order issued by a Justice pursuant to the *Dangerous Dogs Act, R.S.A.2000, c. D-3*? If so, provide documentation as a part of this application that the Vicious Animal is spayed or neutered. Yes No

Would you like to receive your annual animal licence bill via email? Yes No

As the owner of the pet(s) listed here, I certify that all the information on this application is accurate. I realize that failure to comply with the regulations and conditions set out in the Town of Cochrane Animal Bylaw 04/2016 can and will result in enforcement action against me.

The personal information on this form is being collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Your personal information may be used by the Town of Cochrane for the purpose the information was collected or compiled or for a use consistent with that purpose. Your personal and financial information will be managed in accordance with FOIP. If you have any questions about the collection, use, or disclosure of your personal information, please see this link: <https://www.cochrane.ca/FOIP>

Primary Owner's Signature: _____

If you have any questions regarding Animal Licences, please contact 403-851-2528 or animal.licences@cochrane.ca.

Office Use Only

Customer ID # _____ Subdivision: _____

Animal ID # _____ Tag # _____