



Animal Change Form

Primary Owner's name: _____ Date: _____

Address: _____

Subdivision: _____ Postal Code: _____

Pet's Name: _____

Updating the following:

The pet has been spayed or neutered.
Location of procedure: _____

I no longer own the pet. Please inactivate my account.

Deceased Pet – please inactivate my account.
We are very sorry to hear of your loss.

I no longer live in Cochrane. Please inactivate my account.
 Immediately or As of this date _____

As the owner of the pet(s) listed here, I certify that all the information on the first page of this form 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: _____

Primary or Secondary Owner Declaration

If either the Primary or Secondary Owner from the initial Licence Application with the Town of Cochrane no longer owns the pet, the following must be completed.

If the pet is no longer owned by the Primary **and** Secondary Owner, the Primary and Secondary Owner must authorize the new ownership by signing below. Please ensure both signatures are witnessed.

Who now owns the pet? Primary Owner Secondary Owner Other*

Primary Owner’s Signature: _____

Primary Owner Witness’s Signature: _____

Secondary Owner’s Signature: _____

Secondary Owner Witness’s Signature: _____

As the owner of the pet(s) listed here, I certify that all the information on the first page of this form 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.

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New Owner of Pet Signature: _____

New Owner of Pet Name: _____

**If a new Owner, who is not the initial Primary or Secondary Owner, now owns the animal, a new Animal Licence Application is required. As the tag is issued to the initial Applicant(s), a new tag will be required.*

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 #** _____