



415 1st Avenue East
P.O. Box 86
Brooks, Ab. T1R 1B2
Phone: 403 362-4323
Fax: 403 362-8316
Email: info@bapsociety.com
Website: www.bapsociety.com

BAPS CITY LICENSE

License for: Cat Dog Date: _____

Owner Information

Name: _____ Home Phone: _____ Work/Cell Phone: _____

Physical and/or Mailing Address: _____

City: _____ Postal Code: _____

Alternate Contact (if we are unable to reach you):

Name: _____ Numbers: _____

Pet Information:

Name : _____ Small Medium Large

Breed: _____ Color: _____ Special Markings: _____

Microchip: _____ Tattoo: _____ Birthdate: _____

Male Neutered: Yes No Female Spayed: Yes No

Would you prefer receiving Renewals by email? Yes No

If yes, please provide your email address: (please print clearly) _____

By signing this form I verify that I am the owner of the animal and all information stated above is correct

Signature

Cheques and Money Orders can be made to "BAPS". Payments can be mailed or made at the shelter facility. Payments may also be made at any of the three veterinary clinics (Bow Valley Vet. Clinic, Newell Vet. Clinic and the Brooks Vet. Clinic).

Office Use:

Tag issued: _____ Fees: _____

Paid by: Cash Debit Credit Cheque Other