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## **BAPS LICENSE RENEWAL**

License for: Cat  Dog  Restricted Dog  Date: \_\_\_\_\_

### **Owner Information**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **Pet Information**

**Pet 1:** Name: \_\_\_\_\_ Male  Female  Spayed or Neutered Yes  No

**Pet 2:** Name: \_\_\_\_\_ Male  Female  Spayed or Neutered Yes  No

**Pet 3:** Name: \_\_\_\_\_ Male  Female  Spayed or Neutered Yes  No

**Pet 4:** Name: \_\_\_\_\_ Male  Female  Spayed or Neutered Yes  No

Has any of your information changed? \_\_\_\_\_

Would you prefer receiving Future Renewals by email? Yes  No

If Yes, please provide your email address: (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:	
New Tag issued: _____	Fees: _____
Paid by: Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit <input type="checkbox"/> Cheque <input type="checkbox"/> Other <input type="checkbox"/>	