

Last Name _____

First Name _____

Address _____

City/Province _____ | Postal Code _____

Home phone _____ | Alternate phone _____

Email Address _____

Type/Gender Cat Dog Male Female

Pet's name _____

Pet's age (years and months) _____ Date of birth _____

Primary Breed _____ Purebred? Yes No

If not, secondary breed? _____

Dominant Colour _____ | Secondary Colour _____

Is your pet spayed/neutered? Yes No

Microchip # and/or tattoo _____

Other markings _____

Is your pet on regular medication? Yes No If so, specify.

www.calgary.ca/animalservices
call 3-1-1



THE CITY OF
CALGARY
ANIMAL & BYLAW SERVICES