

71 Main Street
 Shellbrook, SK S0J 2E0
 Phone: 306-747-4900
 Fax: 306-747-3111

TOWN OF SHELLBROOK

PO Box 40
 Shellbrook, SK S0J2E0
 Website: www.shellbrook.net
 email: shellbrook@sasktel.net



APPLICATION FOR CAT TAG

**LICENSES NEED TO BE RENEWED ANNUALLY.
 THEY ARE EFFECTIVE FROM JANUARY 1 TO DECEMBER 31**

Please print and complete the entire form (owner/applicant must be 18 years of age or older)

Owner's Name:			
Home Address:		Home Phone No.:	
Mailing Address:		Alternate Phone No.:	
Postal Code:		email:	

Cat's Name:		Sex:	Male	Female	Spay/Neuter	Grandfathered
Color(s):		Birth Date:	Year		Month	
Breed:		Tag#/ID#:				

Cat's Name:		Sex:	Male	Female	Spay/Neuter	Grandfathered
Colors:		Birth Date:	Year		Month	
Breed:		Tag#/ID#;				

Update Animal Status: Cat's Name: _____
 Deceased Left Municipality No Longer Owner

Customer Signature: _____ Date: _____

This information is being collected under the authority of the Town of Shellbrook Dog Bylaw and in accordance with Part 2 of the Freedom of Information and Protection of Privacy Act. It will be given and/or used strictly in confidence and only as necessary by the Town of Shellbrook, the Town's Animal Control Contractor/Officer, and the R.C.M.P. for the intended purpose of animal control and enforcement. If you have any questions about the collection and intended use of any of this information, please contact the Town of Shellbrook at (306) 747-4900, or in person at the Town Office at 71 Main Street.

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APPLICATION FOR DOG TAG

**LICENSES NEED TO BE RENEWED ANNUALLY.
 THEY ARE EFFECTIVE FROM JANUARY 1 TO DECEMBER 31**

Please print and complete the entire form (owner/applicant must be 18 years of age or older)

Owner's Name:			
Home Address:		Home Phone No.:	
Mailing Address:		Alternate Phone No.:	
Postal Code:		email:	

Dog's Name:	Sex:	Male	Female	Spay/Neuter	Grandfathered
Color(s):	Birth Date:	Year		Month	
Breed:	Tag#/ID#:				

Dog's Name:	Sex:	Male	Female	Spay/Neuter	Grandfathered
Colors:	Birth Date:	Year		Month	
Breed:	Tag#/ID#:				

Update Animal Status: Dog's Name: _____
 Deceased Left Municipality No Longer Owner

Customer Signature: _____ Date: _____

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