

Application Instructions

The City of Edmonton has a new online permit and licensing tool called eServices. To apply for a pet licence online, visit eServices.edmonton.ca.

If you are trying to renew your Pet Licence or if you need to add or remove a pet from your Pet Account information, you can do so at eServices.edmonton.ca or in-person at the Animal Care & Control Centre.

Requirements

In order for us to process this application you must:

- Be at least 18 years old
- Enclose cheque with your application made payable to "The City of Edmonton"
- Please note that credit card payments may only be done online or in person.

Restrictions

You must apply in person if any of the following situations apply:

- You are applying for a reduced fee because you receive Income Assistance
- Your dog is "restricted" as defined under the Animal Licensing and Control Bylaw
- You are applying for a Guide/Assistance dog exemption

If any of the above apply to you please call 311 for further information.

Information to have on hand

You will be asked to provide the following information on the application. This information is helpful in properly identifying your pet and is requested, but not required:

- The birth date of your pet or an approximation
- If your pet is micro chipped and/or tattooed, the chip or tattoo number
- Whether your pet is spayed or neutered, the date of surgery and clinic where surgery was performed

Fees

Please note that Pet Licence fees are non-refundable once paid.

Fees	Cats	Dogs
Spayed /Neutered	\$21	\$36
Non-spayed/non-neutered	\$76	\$76
Nuisance Dogs	n/a	\$100
Restricted dog	n/a	\$250
Replacement tag	\$15	\$15

Applications can be mailed to the Animal Care & Control Centre or dropped off in person at either location with a Cheque payable to the City of Edmonton (post-dated cheques are not accepted)

Animal Care & Control Centre

13550 - 163 Street Edmonton, AB T5V 0B2

or

Edmonton Service Centre

2nd Floor, 10111 104 Avenue Edmonton, AB T5J 0P4

WARNING: It is an offence to provide false information under Section 33 of the Animal Licensing and Control Bylaw 13145. This personal information is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). It will be used as required for pet licensing, bylaw enforcement, and to reunite lost pets with their owners. If you have given your express written consent, the personal information on this form may be shared with individuals, your emergency contacts, animal rescue organizations and veterinary staff for the purpose of reuniting lost pets with their owners. If you have any questions regarding the collection, use, disclosure, or destruction of the personal information on this form, contact the Supervisor of Administration & Customer Service at the Animal Care & Control Centre, 13550 – 163 Street NW, Edmonton, AB T5V 0B2, 780-496-6743

Owner Information

All mandatory fields are denoted by an * and not providing the required information will prevent the application from being accepted.

Applicant Information (Pet Owner)

Last Name *	First Name *	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone*	Secondary Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Main Address * (Edmonton address only)

House Number *	Street Address *	Suite	Postal Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (If different than the main address above)

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

House Number	Street Address	Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>

City	Province/State	Postal/Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Co - Owner Information

Last Name	First Name
<input type="text"/>	<input type="text"/>

Primary Phone	Secondary Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

- * I confirm that I am at least 18 years old (the bylaw requires that the applicant must be 18 years or older to licence a pet).
- I do **NOT** want the Animal Care & Control Centre to release my first name and phone number to someone who has found my pet.
- Senior Citizen Discount: I confirm that I am at least 65 years of age (you may be entitled to a discount for one spayed or neutered pet).

Emergency Contacts. Please provide the names and phone numbers of up to two trusted friends or family members that we can release your pet to if necessary.

Emergency Contact 1

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone	Secondary Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact 2

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone	Secondary Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Pet Information

All mandatory fields are denoted with an *. Not providing the required information will prevent the application from being submitted.

* Dog:	<input type="checkbox"/>	* Cat:	<input type="checkbox"/>	* Male:	<input type="checkbox"/>	* Female:	<input type="checkbox"/>
* Pet's Name:	<input type="text"/>						
* Pet's Date of Birth:	<input type="text"/>		(Approximate date is accepted)				
* Primary Breed:	<input type="text"/>						
Secondary Breed:	<input type="text"/>						
* Primary Markings:	<input type="text"/>						
* Primary Colour:	<input type="text"/>						
Secondary Colour:	<input type="text"/>						
Third Colour:	<input type="text"/>						
Microchip Number:	<input type="text"/>						
Tattoo ID:	<input type="text"/>						
* Has your pet been spayed or neutered ?							
<input type="checkbox"/> Yes	Veterinary Clinic:		<input type="text"/>				
	Surgery Date:		<input type="text"/>				
<input type="checkbox"/> No, my pet is not spayed or neutered							
<input type="checkbox"/> No, but I intend to have my pet spayed or neutered							

* Dog:	<input type="checkbox"/>	* Cat:	<input type="checkbox"/>	* Male:	<input type="checkbox"/>	* Female:	<input type="checkbox"/>
* Pet's Name:	<input type="text"/>						
* Pet's Date of Birth:	<input type="text"/>		(Approximate date is accepted)				
* Primary Breed:	<input type="text"/>						
Secondary Breed:	<input type="text"/>						
* Primary Markings:	<input type="text"/>						
* Primary Colour:	<input type="text"/>						
Secondary Colour:	<input type="text"/>						
Third Colour:	<input type="text"/>						
Microchip Number:	<input type="text"/>						
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	Surgery Date:		<input type="text"/>				
<input type="checkbox"/> No, my pet is not spayed or neutered							
<input type="checkbox"/> No, but I intend to have my pet spayed or neutered							

Note:

- If you have more than 2 pets, please print additional copies of this page.
- By submitting this application, you declare that to the best of your knowledge, the information you have provided in this application is complete and accurate.
- Your pet tag(s) will be mailed to you once your payment is received.

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