

Grand Forks Pet Licence Form

To obtain additional forms you can go online to grandforksbc.docupet.com/offline.

Unless otherwise specified, this form must be completed in its entirety.



Contact Information

First Name		Last Name	
Email Address (Optional: required for online account and electronic renewal reminders)			
Telephone	Phone Type <input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work	*DOB (YYYY/MM/DD)	

*Optional

Mailing Address

Street Number	Street Name	Unit or Apartment	City	Postal Code
---------------	-------------	-------------------	------	-------------

If your mailing address is not the physical address for your pet, you must complete the Physical Address section below.

Physical Address

Street Number	Street Name	Unit or Apartment	City	Postal Code
---------------	-------------	-------------------	------	-------------

Pet Information

Pet's Name		Pet's Breed		Pet's DOB (YYYY/MM/DD)
Sex <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered <input type="radio"/> Yes <input type="radio"/> No	Microchipped <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number	
Colour	Veterinary Clinic	Tag Size <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)		
Licence Type <input type="radio"/> Spayed/Neutered Dog \$15.00 <input type="radio"/> Intact Dog \$25.00				

Payment

Payment Type <input type="radio"/> Cheque	Sum Received \$
--	--------------------

Who do I make a cheque out to?

Please make cheques payable to City of Grand Forks

Where do I mail this form?

City of Grand Forks
7217 4th st
PO Box 220
Grand Forks BC V0H1H0