



**PLEASE PRINT & COMPLETE THE ENTIRE FORM**

	DATE:
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**OWNER INFORMATION**

OWNER NAME:	ADDRESS:
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PRIMARY PHONE # (cell, home or office):	SECONDARY PHONE #
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EMAIL ADDRESS:

**ANIMAL(S) INFORMATION**

NAMES OF ANIMALS/DOB/TYPE OF BREED/SIZE/WEIGHT/FIXED? (WHEN):

Name/DOB:	Breed/Size/Weight:	Fixed? (With Date)	Date of Possession of Animal
1)			
2)			
3)			
4)			
5)			
6)			

LAST OWNER/BREEDER INFO (WHERE PURCHASED):

FOR OFFICE USE ONLY

Date: YYYY/MM/DD	Licence No.
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<b>REASON FOR HARBOURING APPLICATION:</b>	
<b>GENERAL STATE OF HEALTH:</b> 1) 2) 3) 4) 5) 6)	
<b>TRAINING COMPLETED? OWNER AND ANIMAL(S):</b>	
<b>WILL THESE ANIMALS BE HOUSED OUTSIDE?</b>  <b>YES                      NO</b>  <b>If YES- Shelter That Will Be Used:</b>	<b>WHAT PLAN DO YOU HAVE IN PLACE FOR ABSENCES (Care for animal when owners are away):</b>
<b>HISTORY OF ANIMALS (INCIDENTS-REPORTED AND NOT REPORTED):</b>	
<p>Further information regarding harbouring licences can be obtained by contacting Morinville Enforcement Services at 780-939-4361. The granting of this licence shall in no way relieve the owner from complying with the requirements of the Responsible Pet Ownership Bylaw or any relevant bylaws of the Town of Morinville or other Provincial or Federal Statutes or Regulations in force.</p> <p>I certify that I will abide by all regulations after I have received this license, knowing that failure to comply may result in cancellation of this agreement.</p> <p>Owner's Signature _____ Date: _____</p>	

The personal information collected on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act (sa 2000)*. It will be used in the operation of the Responsible Pet Ownership Bylaw (#5/2016) for bylaw enforcement purposes, and shared with outside organizations for the purpose of reuniting lost pets with owners. If you have any questions about this collection, contact the Information Management/FOIP Coordinator: 10125-100 Avenue, Morinville, Alberta, T8R 1L6, (780) 939-4361.

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