



Powell River

INDEPENDENTLY OWNED AND OPERATED

PET APPLICATION

Applicant Name: _____

Description of Pet(s): Breed/ Name/ Current or Adult Weight/ Age

Name: _____

Breed: _____

Weight: _____

Age: _____

Has the pet been Spayed/ Neutered?

YES

NO

Is the pet on a regular flea control program?

YES

NO

Applying Address: _____.

Date: _____, 20____.