



PO Box 460 56 Wheatland Ave
Smoky Lake, AB T0A 3C0
Phone: 780-656-3674 | Fax: 780-656-3675
Email: town@smokylake.ca |
Website: www.smokylake.ca

APPLICATION FOR REGISTRATION OF CAT

Applicant Information (please print)

Date of Application: _____ Year of Application: _____

Change of Information

Owner Information (please print)

Name: _____

Mailing Address: _____ Street Address: _____

Residence Phone: _____ Cell Phone: _____

Cat Information (please print)

Name of Cat: _____ Breed of Cat: _____

Colour: _____ Special Markings: _____

Sex: Male Neutered

Female Spayed

Tag #: _____ Fee Charged: _____

I have been provided with and agree to obey all rules and regulations pertaining to the Animal Licensing and Control Bylaw No. 015-2023 and have received any necessary cat tag(s). I acknowledge license must be renewed annually and are effective from January 1st to December 31st.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Application received by: _____ Date: _____

Protection of Privacy Act Collection Notice: By submitting this application, you are providing personal information including your name, account number, phone numbers, email address, mailing/physical addresses, and postal code. This information is being collected in accordance with Section 4(c) of the Protection of Privacy Act. This information will be used to process your utility disconnection form by the Town of Smoky Lake. For questions about the collection of your personal information, you may contact the Town of Smoky Lake at 56 Wheatland Ave, Smoky Lake, AB T0A 3C0, 780-656-3674, or legislative@smokylake.ca.



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APPLICATION FOR REGISTRATION OF CAT

Multiple cat information

<u>Cat Information (please print)</u>	
Name of Cat: _____	Breed of Cat: _____
Colour: _____	Special Markings: _____
Sex: Male <input type="checkbox"/>	Neutered <input type="checkbox"/>
Female <input type="checkbox"/>	Spayed <input type="checkbox"/>
Tag #: _____	Fee Charged: _____
<u>Cat Information (please print)</u>	
Name of Cat: _____	Breed of Cat: _____
Colour: _____	Special Markings: _____
Sex: Male <input type="checkbox"/>	Neutered <input type="checkbox"/>
Female <input type="checkbox"/>	Spayed <input type="checkbox"/>
Tag #: _____	Fee Charged: _____

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