



MUNICIPAL ENFORCEMENT SERVICE  
 RCMP DETACHMENT  
 96 BELLEROSE DRIVE  
 ST. ALBERT AB T8N 7A4  
 PH: (780) 458-4300  
 FX: (780) 459-9425

## FOSTER DOG APPLICATION

**DOG LICENSE:**    New Dog     Renewal     Change of Ownership                       **Acct.#** \_\_\_\_\_

**Dog Information:**

<b>Dog 1</b> Name:	Color:
Sex: Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Tattoo #:
Breed:	Tag #:

**Temporary Caregiver:**

Caregiver Name(s):	Hm#	Wk#
Address:  Unit    house #            street                            postal code	Cell#	
New Address:		

**Transfer of Ownership:**

Transfer of Ownership – Please Specify New Owner <input type="checkbox"/> New Foster <input type="checkbox"/>	Effective Date:
New Owner/Foster Name:	
Home Phone #	Cell #
New Address:  Unit    house #            street                            postal code	

**Foster Society Information:**

Foster Society Name:	
Foster Authorized Representative Name:	
Position of Authorized Representative:	
Phone Number:	Address of Society:
Signature of Authorized Representative:	Date:

\*Foster application must be confirmed annually

