

MUNICIPAL ENFORCEMENT SERVICE

RCMP Detachment
96 Bellerose Drive
St. Albert AB T8N 7A4
P: 780-418-6644
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FOSTER DOG APPLICATION

DOG LICENCE: ☐ New Dog ☐ Renewal ☐ Change of Ownership **ACCOUNT#:** _____

DOG INFORMATION:

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

TEMPORARY CAREGIVER:

Caregiver Name(s):	Home #:	Work#:
Address: UNIT/HOUSE # STREET POSTAL CODE	Cell#:	
New Address: UNIT/HOUSE # STREET POSTAL CODE		

TRANSFER OF OWNERSHIP:

Transfer of Ownership – Please Specify	Effective Date: YYYY/MM/DD	
New Owner/Foster Name:	Home #:	Cell#:
New Address: UNIT/HOUSE # STREET POSTAL CODE		

FOSTER SOCIETY INFORMATION:

Foster Society Name:		
Foster Authorized Representative Name:		
Position of Authorized Representative:		
Address of Society:	Phone #:	
Signature of Authorized Representative:	Date: YYYY/MM/DD	

**Foster application must be confirmed annually.*