

**MUNICIPAL ENFORCEMENT SERVICE**

RCMP Detachment  
96 Bellerose Drive  
St. Albert AB T8N 7A4  
**P:** 780-418-6644  
**F:** 780-459-8846

# 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<br><input type="checkbox"/> Female <input type="checkbox"/> Spayed | Tattoo#: |
| Breed:  | Tag #:   |

**TEMPORARY CAREGIVER:**

|  |         |        |
|--|---------|--------|
| Caregiver Name(s):   | Home #: | Work#: |
| Address:<br><b>UNIT/HOUSE #                      STREET                      POSTAL CODE</b>     | Cell#:  |        |
| New Address:<br><b>UNIT/HOUSE #                      STREET                      POSTAL CODE</b> |         |        |

**TRANSFER OF OWNERSHIP:**

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

**FOSTER SOCIETY INFORMATION:**

|   |                            |
|---|----------------------------|
| Foster Society Name:                    |                            |
| Foster Authorized Representative Name:  |                            |
| Position of Authorized Representative:  |                            |
| Address of Society:                     | Phone #:                   |
| Signature of Authorized Representative: | Date:<br><b>YYYY/MM/DD</b> |

*\*Foster application must be confirmed annually.*