

# Excess Pet Permit Application

Name of Applicant (one primary applicant only):

Address:

Phone Number(s):

Email:

Date of Birth of applicant (must be over 18):

Location of animals will be kept (if different from above):

Initial Application:    Y            N

Annual Renewal:        Y            N

Current Permit No:

**Please list all cats and dogs you currently have in your home:**

Dog/Cat	Breed	Pet Name	Male / Female	Spayed or Neutered	Microchip	Tattoo	Current Licence (*if applicable)	Colour	Age

\*If applicable – all cats and dogs over the age of 4 months in the Village of Delburne need to be licensed.

**Please list cats or dogs you are seeking an excess animal permit for:**

Dog/Cat	Breed	Pet Name	Male / Female	Spayed or Neutered	Microchip	Tattoo	Current Licence	Colour	Age

If you own more cats or dogs than this space allows, please attach a separate page listing all excess pets with this permit application.

## Lifestyle and Care

This section is for information purposes only and not used to screen applicants. We want to understand the lifestyle you and your pets have.

What do you do to exercise your pets?

How many people reside at this address? How many adults and how many people are under the age of 18?

Have you or anyone residing in your home been charged for animal related bylaw infractions?

I consent to a check if there are any Animal Protection Act infractions. Y N

I understand that I have to follow the Responsible Pet Ownership Bylaw and any other applicable animal legislation including but not limited to the Animal Protection Act. Y N

*An officer or other Village representative may be in contact with more questions.*

## Pets Only or Business or Fostering

Are you breeding any of these animals on these premises? Y N  
If yes, how many litters per year?

Do you sell animals from this premises? Y N

Do you have a Business License for selling animals? Y N

Do you intend to board other people's animals? Y N

Have you operated a business (pet related) for which the permit/license has been suspended or revoked?  
Y N

*The personal information on this form is used for the purpose of bylaw enforcement, pursuant to Section 4(c) of the Protection of Privacy (POPA) Act. If you have any questions about the use of this personal information, please contact the POPA Program Administrator at P.O. Box 341, Delburne Alberta T0M 0V0, or call 403-749-3606.*

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

## For Office Use Only:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Signature: \_\_\_\_\_