

# Application Instructions

## What You Need to Know

- Licensing your animal is a requirement of Bylaw No. 19/025 of the Regional Municipality of Wood Buffalo “Responsible Pet Ownership Bylaw”
- All dogs and cats must wear a Municipal issued License Tag at all times when off owner’s property
- An Animal License will protect your animal, with a License Tag on your animal it is easier to locate the owner should the animal become lost
- Any person wishing to have more than four animals licensed at any one address will require approval by the Program Supervisor, for more information on this process contact Bylaw Services at 780-743-7000

## Requirements

In order to process this application, you must:

- Enclose a cheque with your application made payable to “Regional Municipality of Wood Buffalo” or
- Payments can be made online at [pay.rmwb.ca](http://pay.rmwb.ca)
- If you move, no longer have your animal, or your contact information changes, please update by calling 780-793-1129, or emailing [animal.licensing@rmwb.ca](mailto:animal.licensing@rmwb.ca)

## Restrictions

You must apply in person at Bylaw Services if any of the following situations apply:

- Your animal is “vicious” as defined under the RMWB Responsible Pet Ownership Bylaw 19/025
- You are applying for a Guide/Assistance animal exemption from licensing fees
- You have more than four animals (dogs and/or cats) at your address

If any of the above apply please call Bylaw Services 780-743-7000 for further information.

## Fees

**Note:** Fees are non-refundable.

Animal Type	Fees Per Annum
Spayed/Neutered	\$15.00
Non-Spayed/Non-Neutered	\$50.00
Replacement Tag	\$10.00
Vicious Animal	\$250.00
Dangerous Dog	\$100.00

Payment in the form of cash, debit, Visa, Master Card or cheque (payable to Regional Municipality of Wood Buffalo) can be made at one of the following locations:

- Timberlea Landing at 309 Powder Drive, Fort McMurray
- Jubilee Building at 9909 Franklin Avenue, Fort McMurray
- Gregoire at 150 MacLennan Crescent, Fort McMurray
- **Anzac**- 105B-4 Christina Drive Tel: 780-334-2298
- **Conklin**- 245 Northland Drive Tel: 780-559-2235
- **Fort Chipewyan**- 101 Loutit Street Tel: 780-697-3600
- **Janvier**- 110 Opportunity Way Tel: 780-559-2230

It is an offence to provide false information under Section 10 of the RMWB Responsible Pet Ownership Bylaw 19/025. This personal information is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta). It will be used in the RMWB for bylaw enforcement purposes and shared with outside organizations for the purpose of reuniting lost pets with owners. If you have any questions about this collection, contact the Animal Care and Control Supervisor at 780-743-7000. If you wish to provide feedback on pet licensing, please send your comments to the email address: [animal.licensing@rmwb.ca](mailto:animal.licensing@rmwb.ca).



REGIONAL MUNICIPALITY  
OF **WOOD BUFFALO**

# Animal License Application

Please select one of the following:  New Application  Renewal  Replacement Tag

## Owner Information

All mandatory fields denoted by an \* must be filled in.

### Applicant Information (Pet Owner)

*Last Name	*First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Primary Phone	Secondary Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	

### \*Main Address (RMWB Address Only)

*House Number	*Street Address	Suite	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### \*How many animals live at this address (include animal type)?

### Mailing Address (If different than main address)

Last Name	First Name	Middle Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
House Number	Street Address	Suite	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Province/State	Postal/Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Co-Owner Information

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone	Secondary Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Emergency Contacts:** Please provide the contact information for up to two trusted friends or family members that we can release your pet to if necessary.

### Emergency Contact 1

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone	Secondary Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Emergency Contact 2

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone	Secondary Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

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## Animal Information

<input type="checkbox"/> *Dog	<input type="checkbox"/> *Cat	<input type="checkbox"/> *Male	<input type="checkbox"/> *Female	<b>For Office Use Only:</b> Tag # _____ File # _____
*Animal Name: _____				
*Animal(s) Date of Birth: _____				
*Primary Breed: _____				
Secondary Breed: _____				
*Primary Markings: _____				
*Primary Color: _____				
Secondary Color: _____				
Third Color: _____				
Microchip Number: _____				
Tattoo ID: _____				
*Has your Animal been spayed or neutered?				
Veterinary Clinic: _____				
<input type="checkbox"/> Yes	Surgery Date: _____			
<input type="checkbox"/> No, my Animal is not spayed or neutered				
<input type="checkbox"/> No, but I intend to have my Animal spayed or neutered				

<input type="checkbox"/> *Dog	<input type="checkbox"/> *Cat	<input type="checkbox"/> *Male	<input type="checkbox"/> *Female	<b>For Office Use Only:</b> Tag # _____ File # _____
*Animal Name: _____				
*Animal(s) Date of Birth: _____				
*Primary Breed: _____				
Secondary Breed: _____				
*Primary Markings: _____				
*Primary Color: _____				
Secondary Color: _____				
Third Color: _____				
Microchip Number: _____				
Tattoo ID: _____				
*Has your Animal been spayed or neutered?				
Veterinary Clinic: _____				
<input type="checkbox"/> Yes	Surgery Date: _____			
<input type="checkbox"/> No, my Animal is not spayed or neutered				
<input type="checkbox"/> No, but I intend to have my Animal spayed or neutered				

**Note:** If you have more than 2 Animals, please print additional copies of this page.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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