



Hamilton

Planning & Economic Development, Animal Services
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E-mail: AnimalServices@hamilton.ca
www.hamilton.ca/animalservices

CHANGE OF ANIMAL OWNERSHIP

ANIMAL INFORMATION
Animal Type: Breed:
Gender: Pet Name:
Spayed/Neutered: City Tag #:
Microchip #: Licence File #:
Age: Colour(s):

NEW (Current) OWNER INFORMATION
Last Name: First Name:
Address: Unit #:
Municipality: Postal Code:
Home Phone:
Business Phone: Ext:
Cell Phone:
Email Address:

PREVIOUS OWNER INFORMATION
Last Name: First Name:
Address: Unit #:
Municipality: Postal Code:
Home Phone:
Business Phone: Ext:

RELEASE AUTHORIZATION
I authorize the City of Hamilton to release my contact information to any person that has found my animal.
Owner Signature:
Date: