

APPLICATION FOR DOG LICENCE

OWNER AND DOG INFORMATION

Name of Dog Owner:		
Physical Address:		
Mailing Address (if different than physical):		
Primary Phone:		Alternate Phone:
Emergency Contact Name & Phone:		
Name of Dog:		Breed:
Hair Colour:		Birthdate:
Sex: Male Female	Altered: Yes No	Chip Provider:

DOG Licence RATES (Pursuant to Fees & Rates Bylaw)

Description	Neutered Male/Spayed Female Dog	Unaltered Male/Female Dog
Licence Fee	\$30.00	\$40.00
Dangerous Dog Licensing Fee	\$250.00	\$500.00
Office Use Only: Fee: \$ _____ Tag #: _____ Initials: _____		

PAYMENT

Payment by: Cash Cheque Debit Card MasterCard VISA	
Credit Card Number:	CVC:
Name as it Appears on Card:	Expiry Date:

The above information is true and correct to my knowledge.

Signature

Date

SIGNING THIS SECTION VERIFIES THAT NO MORE THAN TWO DOGS RESIDE AT THE ADDRESS ABOVE.