

DOG LICENCE APPLICATION

OWNER INFORMATION

Last Name: _____ First Name: _____
 Address : _____ Apt # _____ PO Box _____
 City/Town: _____ Postal Code: _____
 Home Phone Number: _____ Email: _____
 Alternate Phone Number: _____

DOG #1: DOG INFORMATION

For Office Use Only: LCDG _____ Tag # _____

NAME:	BREED:	COLOUR:
<input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED	MICROCHIP/TATTOO NO: MICROCHIP PROVIDER:	Does this dog have up to date rabies vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No

DOG #2: DOG INFORMATION

For Office Use Only: LCDG _____ Tag # _____

NAME:	BREED:	COLOUR:
<input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED	MICROCHIP/TATTOO NO: MICROCHIP PROVIDER:	Does this dog have up to date rabies vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No

DOG #3: DOG INFORMATION

For Office Use Only: LCDG _____ Tag # _____

NAME:	BREED:	COLOUR:
<input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED	MICROCHIP/TATTOO NO: MICROCHIP PROVIDER:	Does this dog have up to date rabies vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No

DOG TAG FEES

Neutered/spayed (altered)	\$28	Unspayed/Unneutered (unaltered):	\$38
Replacement Tag:	\$5	Late Fee (after March 31):	\$10

Personal information on this form is collected under the authority of By-law 171-2021 and will be used to issue licences and manage dog control procedures. Questions regarding this collection should be directed to the Manager of Licensing Services. I declare information given in this application and any supporting documents are true, correct, and complete in every respect and understand that false statements could result in the revocation of the licence if granted.

Signature: _____ Date: _____