

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

<input type="checkbox"/> New <input type="checkbox"/> Renewal		For Office Use Only: LCDG _____ Tag # _____	
Name: _____		Breed: _____	Colour: _____
<input type="checkbox"/> Male <input type="checkbox"/> Neutered	Microchip/Tattoo No: _____	Does this dog have up to date rabies vaccinations?	
<input type="checkbox"/> Female <input type="checkbox"/> Spayed	Microchip Provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neutered/spayed (altered)	\$29.75	Unspayed/Unneutered (unaltered): \$40.50	
Replacement Tag:	\$5.25	Late Fee (after March 31): \$10	

Dog #2 Dog Information

<input type="checkbox"/> New <input type="checkbox"/> Renewal		For Office Use Only: LCDG _____ Tag # _____	
Name: _____		Breed: _____	Colour: _____
<input type="checkbox"/> Male <input type="checkbox"/> Neutered	Microchip/Tattoo No: _____	Does this dog have up to date rabies vaccinations?	
<input type="checkbox"/> Female <input type="checkbox"/> Spayed	Microchip Provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neutered/spayed (altered)	\$29.75	Unspayed/Unneutered (unaltered): \$40.50	
Replacement Tag:	\$5.25	Late Fee (after March 31): \$10	

Dog #3 Dog Information

<input type="checkbox"/> New <input type="checkbox"/> Renewal		For Office Use Only: LCDG _____ Tag # _____	
Name: _____		Breed: _____	Colour: _____
<input type="checkbox"/> Male <input type="checkbox"/> Neutered	Microchip/Tattoo No: _____	Does this dog have up to date rabies vaccinations?	
<input type="checkbox"/> Female <input type="checkbox"/> Spayed	Microchip Provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neutered/spayed (altered)	\$29.75	Unspayed/Unneutered (unaltered): \$40.50	
Replacement Tag:	\$5.25	Late Fee (after March 31): \$10	

Personal information on this form is collected under the authority of By-law 170-2021 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: _____