

Signature: _____

Corporate Services Municipal Governance/ Licensing Services 315 King St W, Chatham, Ontario N7M 5K8 P 519-360-1998/ 311 cklicensing@chatham-kent.ca

Date: _____

Dog Licence Application

Owner Information	E' and Nila and	
Last Name:		
		_ Apt # PO Box
City/Town:		
Home Phone Number:		
Alternate Phone Number:		
Dog #1: Dog Information		
□ New □ Renewal	For Office Use Only: LCDG	
Name:	Breed:	Colour:
☐ Male ☐ Neutered	Microchip/Tattoo No:	Does this dog have up to date rabies vaccinations?
□ Female □ Spayed	Microchip Provider:	□ Yes □ No
Neutered/spayed (altered) Replacement Tag:	• •	eutered (unaltered): \$40.50 March 31): \$10
Dog #2 Dog Information		
□ New □ Renewal	For Office Use Only: LCDG	Taq #
Name:	Breed:	Colour:
□ Male□ Neutered□ Female□ Spayed	Microchip/Tattoo No: Microchip Provider:	Does this dog have up to date rabies vaccinations? ☐ Yes ☐ No
	'	
Neutered/spayed (altered)	\$29.75 Unspayed/Unne	utered (unaltered): \$40.50
Replacement Tag:	\$5.25 Late Fee (after I	March 31): \$10
Dog #3 Dog Information		
□ New □ Renewal	For Office Use Only: LCDG	Tag #
Name:	Breed:	Colour:
☐ Male ☐ Neutered	Microchip/Tattoo No:	Does this dog have up to date rabies vaccinations?
□ Female □ Spayed	Microchip Provider:	☐ Yes ☐ No
Neutered/spayed (altered)		eutered (unaltered): \$40.50 March 31): \$10
Replacement Tag:	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	· · · · · · · · · · · · · · · · · · ·
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.		