



Tag Number – Office Use

Licence Number – Office Use

# MUNICIPAL DOG REGISTRATION

Date: \_\_\_\_\_ New  Renewal

## ANIMAL OWNER INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Include 911 Number): \_\_\_\_\_ Apt. #: \_\_\_\_\_ PO Box #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

If your dog is lost, we can contact you at (Day Time Telephone #): \_\_\_\_\_

## PET INFORMATION

Dog Name: \_\_\_\_\_ Rabies Tag Number: \_\_\_\_\_

Breed: \_\_\_\_\_ Rabies Vaccine Date: \_\_\_\_\_  
(DD/MM/YYYY)

Colour: \_\_\_\_\_

Gender: Male  Female  Microchip Number: \_\_\_\_\_

Spayed/Neutered? Yes  No  Microchip Provider: \_\_\_\_\_

## LICENCE FEE

Dog is neutered/spayed (altered dog) \$28.00

Dog is not neutered/spayed (non-altered dog) \$38.00

Replacement Tag \$5.00

Kennel Licence – See Licensing Services for issuance and approval

\*\*Additional late fee applied if payment made **after March 1<sup>st</sup>** \$10.00

Applicant Signature: \_\_\_\_\_

Personal information on this form is collected under the authority of By-law 176-2005 and will be used to issue licenses and manage dog control procedures. Questions regarding this collection should be directed to the Manager of Licensing Services. I declare the 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.

### FOR OFFICE USE ONLY

APPLICANT NAME: \_\_\_\_\_

FEE PAID: \$28.00 \$38.00  
\$5.00 Replacement Tag \$10.00 Late Fee

### PLEASE CIRCLE METHOD OF PAYMENT:

CASH DEBIT CHEQUE  
VISA MASTERCARD AMERICAN EXPRESS

Dog Tag Number

Dog Name

CSR INITIAL/DATE