



MUNICIPAL ANIMAL CONTROL Dog Licence Application

Year:	<input type="radio"/> New	<input type="radio"/> Renewal	
Type of Dog Licence:			
Regular Dog Licence	<input type="radio"/>	Senior Citizen <input type="radio"/>	Working/Livestock Guardian Dog <input type="radio"/>
Dog Owner Information:			
Name:			
Address:			
Phone #:	Email:		
Animal Information:			
Animal #1		EG Tag # (For office use)	
Name of Dog:			
Breed:	Age:	Colour/Markings:	
Sex:	<input type="radio"/> Male	<input type="radio"/> Female	
Spayed or Netered	<input type="radio"/> Yes	<input type="radio"/> No	
Tattoo/Microchip #	Rabies Vaccination #:	Expiry date:	
Has you dog(s) ever been declared vicious? <input type="radio"/> Yes <input type="radio"/> No			
Animal #2		EG Tag # (For office use)	
Name of Dog:			
Breed:	Age:	Colour/Markings:	
Sex:	<input type="radio"/> Male	<input type="radio"/> Female	
Spayed or Netered	<input type="radio"/> Yes	<input type="radio"/> No	
Tattoo/Microchip #:	Rabies Vaccination #:	Expiry date:	
Has you dog(s) ever been declared vicious? <input type="radio"/> Yes <input type="radio"/> No			
Animal #3		EG Tag # (For office use)	
Name of Dog:			
Breed:	Age:	Colour/Markings:	
Sex:	<input type="radio"/> Male	<input type="radio"/> Female	
Spayed or Netered	<input type="radio"/> Yes	<input type="radio"/> No	
Tattoo/Microchip #:	Rabies Vaccination #:	Expiry date:	
Has you dog(s) ever been declared vicious? <input type="radio"/> Yes <input type="radio"/> No			
Declaration of Applicant:			
I, _____ certify that:			
By signing this application the owner agrees that the above information provided is true and correct to the best of my knowledge. The owner further agrees that any false information may result in a revocation of any licence that may be issued.			
Signature(s): _____		Date: _____	
<i>Personal information is collected on this form under the authority of the Municipal Act, S. 11. The purpose of this collection is to administer the dog licence program. The personal information provided on this form is protected in accordance with Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Should you have any questions or concerns regarding the collection of personal information, please contact the Clerks Department, 19000 Leslie Street, Sharon, LOG 1V0.</i>			
Office use Only:			

Date Issued:

Tag(s) Issued By:

Amount Received \$: