

Dog Tag License Application **Township of Tay**

Applicant Information:			
First Name:	Last Name:		
Street Address:	Postal Code:		
Mailing Address:			
Phone Number:	Alternate:		
Email:			
Dog 1 Information:	Tag Number:		
□Male □Female	Neutered/Spay	red: □Yes □No	Micro Chipped: □Yes □No
Dog Name:	Age:	Rabies Ex	piry Date:
Veterinary Clinic Name:			
Breed:	Description/Markings:		
Dog 2 Information:	Tag Number:		
□Male □Female	Neutered/Spay	red: □Yes □No	Micro Chipped: □Yes □No
Dog Name:	Age: Rabies Expiry Date:		
Veterinary Clinic Name:			
Breed:	Description/Markings:		
Annual Fee (Per Dog):			
January 1 st – March 1 st	□\$25.00	Dangerous Dog	□\$150.00
March 2 nd – December 31 st	□\$35.00	Other	□\$
Replacement Tag	□\$10.00		
Declaration			
I hereby declare that the abortalse statement or omission ma	ve information is true ly lead to charges und	ler the Township of Tay C	st of my knowledge. I understand that a Canine Control By-law. I understand that a hit in the Township of Tay.
Signature:		_ Date:	·
the event of dogs at large, incidents/compla	ints related to dogs and for the	purpose of processing billing relat	ion 8 and 11 of the Municipal Act, 2001 and will be used in ed to dog tags. Questions about the collection of personal a Harbour, ON, L0K2A0 705-534-7248 ext 240
Internal Use Only			
Total Amount Paid:		Receipt Number	:
Issued By:	Date:		