

DOG TAG LICENCE APPLICATION 2024

	2	U Z 4			
FIRST DOG		SECOND DOG			
Dog Name:		Dog Name:			
Breed:		Breed:			
Colour: Age:		Colour: Age:			
Male / Female (please circle)		Male / Female (please circle)			
Rabies Vaccination Expiry		Rabies Vaccination Expiry			
(D/M/Y):		(D/M/Y):			
				_	
Name of Dog Owner:					
Civic Address:					
Mailing Address:					
Tag: Picked up / Mailed out					
Phone Number:					
_	1 -				
Fees	1 year tag		2 year tag	3 year tag	
Dec 1 st - Feb 28th Mar 1 st - Year End	\$20.00 \$30.00		\$40.00 \$50.00	\$60.00	
Mar 1 st - Year End \$30.00 \$50.00 \$70.00 *ALL TAGS ARE NON-REFUNDABLE AND NON-TRANSFERABLE*					
Veterinarian Information Clinic Name: Phone #:					
You must <u>show</u> proof of a <u>val</u> issued	<u>id</u> Rab	ies Vacci	ination before do	og tag will be	
Declaration: I hereby declare the the best of my knowledge. I unlead to charges under the Towns amended. I understand that a in a dwelling unit in the Town	derstan ship of maxir	d that a f Tay Canir num of t	false statement or ne Control By-law 2	omission may 2017-43 as	
Signature: Date:					
Internal Use Only:	Rece	Receipt Number			
First Dog Tag #	_ Seco	Second Dog Tag #			
VALID PROOF OF RABIES S	HOW	N:			

Personal information contained on this form/document/application is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy* legislation and will be used for the purpose for which it was collected. Questions about this collection should be directed to the Clerk of the Township of Tay.