

Feb '10



<b>DOG TAG LICENCE APPLICATION</b>
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By-law 2002-37

Dog Owner's Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

OFFIC USE ONLY	Date Issued :
Licence :	Fee Paid :

**To qualify for Lifetime Registration, you must provide proof of neutering and mircochipping.**

Dog Information

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

MICROCHIP #: \_\_\_\_\_

MALE :       NEUTERED :                       FEMALE :       SPAYED

BREED: \_\_\_\_\_

AGE: \_\_\_\_\_      COLOUR & MARKINGS: \_\_\_\_\_

OWNER SIGNATURE :	DATE :
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**PAYMENT METHOD**

Please mail this form with payment to the address below and a dog tag will be forwarded by return mail:

Municipality of Trent Hills  
P.O. Box 1030  
66 Front St S  
Campbellford, ON  
K0L 1L0

Please do not send cash by mail.

Personal Information contained on this licence application forms part of a public record and will be used for licencing and regulation records of the Municipality.