



<b>YEAR:</b>	<b>TAGS ISSUED:</b>	

## DOG LICENCE APPLICATION

Personal information is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of dog licensing. For questions regarding the collection of personal information, please contact the Corporate Officer.

### OWNER INFORMATION: PLEASE PRINT (All sections must be filled out completely)

Dog Owner's Full Name:			
Residential Address of Dog Owner:		Residential Address of Dog: <input type="checkbox"/> Same as Owner	
City:	Postal Code:	City:	Postal Code:
Phone Number:		Email:	
Identification provided in person (not to be photocopied): <input type="checkbox"/> BCID <input type="checkbox"/> BC Driver's			

### DOG INFORMATION: PLEASE PRINT (Limit of FOUR dogs per dwelling)

Dog's Name:	Birthdate:	Breed:	Gender <sup>2</sup> : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/S
	Primary Colour:	Secondary Colour:	Designations <sup>1</sup> : <input type="checkbox"/> Aggressive <input type="checkbox"/> Dangerous
Dog's Name:	Birthdate:	Breed:	Gender <sup>2</sup> : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/S
	Primary Colour:	Secondary Colour:	Designations <sup>1</sup> : <input type="checkbox"/> Aggressive <input type="checkbox"/> Dangerous
Dog's Name:	Birthdate:	Breed:	Gender <sup>2</sup> : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/S
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Dog's Name:	Birthdate:	Breed:	Gender <sup>2</sup> : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/S
	Primary Colour:	Secondary Colour:	Designations <sup>1</sup> : <input type="checkbox"/> Aggressive <input type="checkbox"/> Dangerous

<sup>1</sup> You must disclose if your dog has been deemed aggressive or dangerous in any town or city.

<sup>2</sup> N/S Designates neutered or spayed

Signature:

Date:

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yyyy/mm/dd