



Schedule "B" DOG LICENSE APPLICATION FORM

TAG #: _____
REPLACES
TAG #: _____

PLEASE NOTE THAT **ALL** FIELDS MUST BE COMPLETE

Owner Name: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Physical Address: (rural address or legal land description)

Phone #: _____ Phone #: _____

Email (optional): _____

Name of Dog: _____

Breed of Dog: _____ Sex of Dog: _____

Age of Dog: (weeks, months, or years) _____ Color of Dog: _____

Special Markings or Tattoos: _____

Has this Dog ever been declared as a Vicious Dog in any other jurisdiction YES NO
If **YES** you will be required to obtain a Vicious Dog License (Schedule "C")

Signature of Applicant: _____

Date: _____

Staff Name: _____ Staff Signature: _____

The personal information requested on this form is being collected due to the required provincial and municipal legislation, under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act.