



DOG TAG LICENCE APPLICATION 2021

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 (D/M/Y):		Rabies Vaccination Expiry (D/M/Y):	

Name of Dog Owner:	
Civic Address:	
Mailing Address:	
Tag: Picked up / Mailed out	
Phone Number:	

Fees	1 year tag	2 year tag	3 year tag
Dec 1 st - Feb 28th	\$20.00	\$40.00	\$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>valid</u> Rabies Vaccination before dog tag will be issued

Declaration: I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement or omission may lead to charges under the Township of Tay Canine Control By-law 2017-43 as amended. **I understand that a maximum of two (2) dogs may be harboured in a dwelling unit in the Township of Tay.**

Signature: _____ **Date:** _____

Internal Use Only: _____ **Receipt Number** _____

First Dog Tag # _____ **Second Dog Tag #** _____

VALID PROOF OF RABIES SHOWN: _____

Personal information contained on this form/document/application is collected pursuant to the <i>Municipal Freedom of Information and Protection of Privacy</i> 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.
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