



## Dog Tag License Application Township of Tay

### Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

### Dog 1 Information:

Tag Number: \_\_\_\_\_

☐ Male ☐ Female

Neutered/Spayed: ☐ Yes ☐ No

Micro Chipped: ☐ Yes ☐ No

Dog Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rabies Expiry Date: \_\_\_\_\_

Veterinary Clinic Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Description/Markings: \_\_\_\_\_

### Dog 2 Information:

Tag Number: \_\_\_\_\_

☐ Male ☐ Female

Neutered/Spayed: ☐ Yes ☐ No

Micro Chipped: ☐ Yes ☐ No

Dog Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rabies Expiry Date: \_\_\_\_\_

Veterinary Clinic Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Description/Markings: \_\_\_\_\_

### Annual Fee (Per Dog):

January 1<sup>st</sup> – March 1<sup>st</sup> ☐ \$25.00 Dangerous Dog ☐ \$150.00

March 2<sup>nd</sup> – December 31<sup>st</sup> ☐ \$35.00 Other ☐ \$ \_\_\_\_\_

Replacement Tag ☐ \$10.00

### 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. I understand that a maximum of two (2) dogs may be harboured in a dwelling unit in the Township of Tay.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice of Collection/Use/Disclosure:** Personal information is collected in this application pursuant to Section 8 and 11 of the Municipal Act, 2001 and will be used in the event of dogs at large, incidents/complaints related to dogs and for the purpose of processing billing related to dog tags. Questions about the collection of personal information should be directed to the Municipal Clerk, Township of Tay, 450 Park Street, Victoria Harbour, ON, L0K2A0 705-534-7248 ext 240

### Internal Use Only

Total Amount Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_