



DOG LICENCE APPLICATION

Name of Dog Owner (*in print letters*)

Cellphone / Home / Work Phone Numbers

Address

Village

Postal Code

P.O. Box

Tenant Owner

No. 1

Name of dog

Colour

Breed

Sex

Age

Microchip (if available)

No. 2

Name of dog

Colour

Breed

Sex

Age

Microchip (if available)

No. 3

Name of dog

Colour

Breed

Sex

Age

Microchip (if available)

Signature

Date : (YYYY/MM/DD)

**Please make cheque payable to:
Township of Alfred and Plantagenet — 205 Old Highway 17 P.O. Box 350, Plantagenet ON K0B 1L0**

FOR OFFICE USE

Licence No. 1	_____	_____
	Fee	By
Licence No. 2	_____	_____
	Fee	Receipt #
Licence No. 3	_____	_____
	Fee	Date

Vadim Excel _____/_____/_____/_____(initials)