

License Fees:

Unaltered Dog	\$30.00 per dog
Altered Dog	\$20.00 per dog
Fancier's License (3 or more dogs)	Add \$30.00

Section A: Owner Information:

Owner Name(s): _____

Street Address: _____ Phone: _____

Mailing Address: _____ Alt. Phone: _____

Town: _____ Postal Code: _____

Email: _____

Property Owner Name (if different than owner): _____

Section B: Dog Information:

Dog # 1:

Dog's Name(s): _____ Service Dog: _____

Breed(s): _____ Prohibited Dog: _____

Year born: _____ Gender: _____

Neutered/Spayed: _____ Proof of Alteration: _____

Microchipped: _____ Tattoo Number: _____

Physical Description (colour, fur, distinct marking): _____

Dog # 2:

Dog's Name(s): _____ Service Dog: _____

Breed(s): _____ Prohibited Dog: _____

Year born: _____ Gender: _____

Neutered/Spayed: _____ Proof of alteration: _____

Microchipped: _____ Tattoo Number: _____

Physical Description (colour, fur, distinct marking): _____

Dog # 3:

Dog's Name(s): _____ Service Dog: _____

Breed(s): _____ Prohibited Dog: _____

Year Born: _____ Gender: _____

Neutered/Spayed: _____ Proof of Alteration: _____

Microchipped? _____ Tattoo Number? _____

Physical Description (colour, fur, distinct marking): _____

Section C: Declaration:

I hereby declare that I am the owner of said dog(s) and subsequently accept all responsibility for said dog(s). I certify that the above information is true and accurate. I affirm that I have reviewed the dog control bylaw (Bylaw No. 689) and the associated schedules, and have obtained proper permits, where applicable.

Signature of Applicant

Date

The personal information collected on this form is collected under the authority of the Privacy Act, Section 4c, for the purpose of administration of the Town of Nobleford. Any questions concerning the collection or use of this information may be directed to the Chief Administrative Officer, Town Office, 231 King Street, Nobleford, AB T0L 1S0.

Office Use Only:

Dog 1 Tag # _____

Dog 2 Tag # _____

Dog 3 Tag # _____

Fancier's License: Yes No

Amount Due: _____

Date Received: _____

Where applicable:

Approved by: _____

Date Approved: _____

Signature: _____