



450 Park Street
 Victoria Harbour, ON
 L0K, 2A0, Canada
 705-534-7248
www.tay.ca

DOG TAG LICENSE APPLICATION 2025

Owner Information

First Name: _____ Last Name: _____
 Phone Number: (____) - ____ - _____ Email: _____
 Civic Address: _____
 Mailing Address: _____
If different from above

Dog 1 Information

Name: _____ Breed: _____
 Colour: _____ Age: _____ Female Spayed
 Male Neutered
 Clinic Name: _____ Rabies Vacc. Date: _____ (MM/DD/YYYY)
 Clinic Phone Number: (____) - ____ - _____ Rabies Exp. Date: _____ (MM/DD/YYYY)

PROOF OF RABIES SUBMITTED

Standard Dog Tag	1 Year Tag <small>(Rabies expiration 2025)</small>	2 Year Tag <small>(Rabies expiration 2026)</small>	3 Year Tag <small>(Rabies expiration 2027)</small>
<input type="checkbox"/> January 1 st – February 28 th	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$60.00
<input type="checkbox"/> March 1 st – December 31 st	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00
Vicious Dog Tag	1 Year Tag	2 Year Tag	3 Year Tag
<input type="checkbox"/> January 1 st – December 31 st	<input type="checkbox"/> \$150.00	N/A	N/A

SEE PAGE 2 TO COMPLETE

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Dog 2 Information (If Applicable)

Name: _____ Breed: _____ Female _____ Spayed _____
 Colour: _____ Age: _____ Male _____ Neutered _____
 Clinic Name: _____ Rabies Vacc. Date: _____ (MM/DD/YYYY)
 Clinic Phone Number: (____) - ____ - _____ Rabies Exp. Date: _____ (MM/DD/YYYY)

PROOF OF RABIES SUBMITTED

Standard Dog Tag	1 Year Tag <small>(Rabies expiration 2025)</small>	2 Year Tag <small>(Rabies expiration 2026)</small>	3 Year Tag <small>(Rabies expiration 2027)</small>
<input type="checkbox"/> January 1 st – February 28 th	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$60.00
<input type="checkbox"/> March 1 st – December 31 st	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00
Vicious Dog Tag	1 Year Tag	2 Year Tag	3 Year Tag
<input type="checkbox"/> January 1 st – December 31 st	<input type="checkbox"/> \$150.00	N/A	N/A

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:** _____
(MM/DD/YYYY)

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 L0K 2A0 705-534-7248 ext. 240.

INTERNAL USE

OWNER - SELECT METHOD OF OBTAINING TAG

Dog 1 Tag Number: _____	<input type="checkbox"/> Picked up <input type="checkbox"/> Mailed Out
Dog 2 Tag Number: _____	<input type="checkbox"/> Picked up <input type="checkbox"/> Mailed Out

Issued by: _____	Receipt #: _____	Date: _____ (MM/DD/YYYY)
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