DOG TAG LICENCE APPLICATION
2024

FIRST DOG	SECOND DOG
Dog Name:	Dog Name:
Breed:	Breed:
Colour: Age:	Colour: Age:
Male / Female (please circle) Select	Male / Female (please circle) Select
Rabies Vaccination Expiry (D/M/Y):	Rabies Vaccination Expiry (D/M/Y):

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

Fees	**1 year tag**	**2 year tag**	**3 year tag**
Dec 1st- Feb 28th	$20.00	$40.00	$60.00
Mar 1st- 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 *Municipal Freedom of Information and Protection of Privacy* 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.