



Version Feb/17

2017 DOG TAG LICENCE FORM

FEES**Up to (and including) February 1, 2017:**

\$23.00 per spayed/neutered dog

\$36.00 per intact dog

After February 1, 2017:

\$41.00 per intact dog

\$30.00 per spayed/neutered dog

Applicant Information:

Name: _____

Address: _____ Town: _____

Province: _____ Postal Code: _____ Phone Number: _____

NOTE:

Proof of spay/neuter is required for all NEW licences.

Proof of rabies vaccinations is required for all NEW and RENEWAL licenses.

Dog Information #1:

Name: _____ Age: _____ Tag No. Issued: _____

Breed: _____ Colour: _____ Fee \$: _____

- | | | | |
|---------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Neutered | <input type="checkbox"/> Microchip | <input type="checkbox"/> New |
| <input type="checkbox"/> Female | <input type="checkbox"/> Spayed | <input type="checkbox"/> Tattoo (location) _____ | <input type="checkbox"/> Renewal |
| | | | <input type="checkbox"/> Replacement |

Dog Information #2:

Name: _____ Age: _____ Tag No. Issued: _____

Breed: _____ Colour: _____ Fee \$: _____

- | | | | |
|---------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Neutered | <input type="checkbox"/> Microchip | <input type="checkbox"/> New |
| <input type="checkbox"/> Female | <input type="checkbox"/> Spayed | <input type="checkbox"/> Tattoo (location) _____ | <input type="checkbox"/> Renewal |
| | | | <input type="checkbox"/> Replacement |

Dog Information #3:

Name: _____ Age: _____ Tag No. Issued: _____

Breed: _____ Colour: _____ Fee \$: _____

- | | | | |
|---------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Neutered | <input type="checkbox"/> Microchip | <input type="checkbox"/> New |
| <input type="checkbox"/> Female | <input type="checkbox"/> Spayed | <input type="checkbox"/> Tattoo (location) _____ | <input type="checkbox"/> Renewal |
| | | | <input type="checkbox"/> Replacement |

I hereby verify that the information provided herein is true and correct and that by signing this I agree to conform to all municipal by-laws and/or Animal Pedigree Act of Canada.

Signature: _____ Date: _____

Completed application forms must be submitted to or for further information contact:

County Administration Building
50 Colborne Street S
Simcoe, ON N3Y 4E3
519-426-5870

Langton Administration Building
22 Albert Street
Langton, ON N0E 1G0
519-875-4485

Delhi Administration Building
183 Main Street of Delhi
Delhi, ON N4B 2M3
519-582-2100

Office Use - Total Paid: \$ _____ **Cash** **Cheque** **Debit**