OF ASSIGINACK

BOX 238, MANITOWANING, ON., P0P 1N0 (705) 859-3196 or 1-800-540-0179 Fax 705-859-3010

APPLICATION FOR MUNICIPAL DOG LICENSE

| FEE SCHEDULE | | | | |
|----------------------|---------|------------------------|--|--|
| RENEWAL DUE | \$10.00 | MARCH 31 ST | | |
| LATE RENEWAL | \$15.00 | APR - DEC | | |
| NEW REGISTRATION TAG | \$20.00 | JAN – DEC | | |
| REPLACEMENT TAG | \$20.00 | JAN – DEC | | |

| | Reg | gistered Ov | vner Deta | ils |
|------------------------------------|------------------------|---------------|-----------|-----------------------|
| First and Last Name | | | | |
| (Must be Over 16 years) | : | | | |
| Street Address: | | | | |
| Postal Address: | | | | |
| City, Postal Code: | | | | |
| Phone # & Email Addres | hone # & Email Address | | | |
| | I I | | | |
| | | | -1-1- | |
| Name of Dogs | | Dog De | etails | Year Born: |
| Name of Dog: | | | | rear born. |
| Breed Details: | | | | |
| Description: | | | | |
| Include colours, | | | | |
| markings and other | | | | |
| descriptions to help | | | | |
| identify your pet. | | | | |
| Gender Type: | ☐ M-Inta | ct M-N | leutered | ☐ F-Intact ☐ F-Spayed |
| Vaccinations: | □Rabies | Rabies Other: | | |
| | | | | |
| | | | | |
| Signature of registered owner Da | | Date | | |
| Signature of registered owner Date | | Date | | |
| | | | | |
| FOR OFFICE U | SE | | Tag # | Received By |
| Annual Renewal Fee | | \$10.00 EA | | |
| Late Renewal Fee | | \$15.00 EA | | |
| New Registration & | Tag | \$20.00 EA | | |
| Replacement of T | ag | \$20.00 EA | | |
| ., | | 40-00 | # OF DOGS | C CH DB V MC ONLINE |
| KENNEL FEE (4 & I | UP) | \$25.00 | | C CH DB V IVIC ONLINE |

KENNEL FEE (4 & UP)