



DOG LICENCE APPLICATION

Owner Information:

REQUIRED	Last Name:		First Name:		Initial:
	Mailing Address:			Civic Address (If Different from mailing):	
	City:		Province:		Postal Code:
	Home Phone:		Work Phone:		Cell Phone:

Dog Information:

REQUIRED	Dog's Name:				
	Date of Birth:		Rabies Vaccination Date:		Rabies Expiry Date:
	Sex:		Spayed / Neutered:		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Pure Bred:		Breed:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Dominant Color:		Second Color:		Third Color:
Does Dog take Regular Medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Veterinary Clinic:	
Tattoo Number:		Location:		Micro-Chip Number:	

Dog Owner's Signature:

Date:

Amount Paid:

**DOG OWNER MUST PRINT APPLICATION AND BRING TO THE
RM OF HANOVER OFFICE TO COMPLETE THE APPLICATION PROCESS.
THE DOG IS NOT LICENSED UNTIL THE APPLICATION
IS PAID FOR AND YOU RECEIVE THE DOG TAG.**

Office Use Only

Licence/Tag Number:	Receipt Number:
Date Processed:	Processed by: