

**APPLICATION FOR DOG LICENCE
RESPONSIBLE PET OWNERSHIP BY-LAW #2635/AC/19**



Applicant Information

Applicant Name: _____

Mailing Address: _____

Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

E-mail: _____

Details

Dog's Name: _____

Dog Breed Type: _____ Dog Colour: _____

Dog Age: _____ Dog Sex: _____

Date of last rabies/distemper shot: _____

Is the dog spayed or neutered? Yes No

Confirmation of Details Provided

I _____ hereby state that the above information is true to the best of my knowledge; that I am familiar with the provisions of the Town of Inuvik Responsible Pet Ownership By-law; and I agree to comply with the provisions thereof.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Dog Tag Provided: Yes No Dog Tag Number Issued: _____ Lifetime Tag: _____

Notes (if any): _____