APPLICATION FOR DOG LICENSE Please type or print legibly og Owner:

Name of Dog Owner:		
Mailing Address:		
Tel. (Home):	Fax:	
Tel. (Bus.)	E-mail:	
Address of residence:		
(if different than above)		
Breed of Dog:		
Color, Markings, etc:		
Name:		
Gender:		
Altered - Yes, - N	No	
Year Born:		
Fee:		
There are no more than 2 dogs registered at my address: Y/N		
The above information is true and correct, to the best of my		
knowledge.	Data di	
Signed:	Dated:	
Office Use Only:		
Tag #	Issued On	
Tax Roll:	_ Initials:	



10003-106 St., Westlock AB T7P 2K3

Tel: 349-4444

E-mail: info@westlock.ca

www.westlock.ca



Application for Dog License

Dog License Rates: (pursuant to By-Law 2012-09)		
DESCRIPTION	Neutered Male or spayed Female Dog	Unaltered Male or Female Dog
License Fee	\$30.00	\$40.00
Dangerous Dog Licensing Fee	\$250.00	\$500.00
Office Use Only: Fee: \$	Initials:	
Payment by: □ Cash □ Cheque □ Debit Card □ MasterCard □ VISA Credit card number: Name as it appears on card:		
Name as it appears on card:		
Expiry Date:	_	
Signature:		

Saved in Public/Publications/Brochures