

APPLICATION FOR DOG LICENSE

Please type or print legibly

Name of Dog Owner:

Mailing Address:

Tel. (Home):

Fax:

Tel. (Bus.):

E-mail:

Address of Dog:

(if different than mailing address above)

Breed of Dog:

Color & Markings etc:

Tattoo # _____

Microchip # _____

Name: _____

Gender: _____

Altered - Yes _____, - No _____.

Date of Birth: _____

Fee: _____

The above information is true and correct, to the best of my knowledge.

Signed: _____ Dated: _____

BY SIGNING THIS SECTION, YOU ARE VERIFYING YOU HAVE NO MORE THAN TWO DOGS AT YOUR ADDRESS.

Office Use Only:

Tag # _____ Issued On: _____



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
Replacement Tag:		\$5.00

I hereby authorize the Town of Westlock to debit my:

- Cash
- Cheque
- Debit Card
- MasterCard
- VISA

In the amount of: _____ for Dog License.

Credit Card Number: _____

Name as it appears on card: _____

Expiry Date: _____ CVC #: _____

Signature: _____