

<u>Office Use Only:</u>
Tag #:

DOG LICENCE APPLICATION

OWNER DETAILS			
NAME (First):		NAME (Last):	
ADDRESS (street, city, postal code)			
PHONE #:		ALTERNATE PHONE #:	
EMAIL ADDRESS: (required)			

FEES	
FIRST DOG	SECOND DOG
Before Jan 31 st - \$40.00	Before Jan 31 st - \$40.00
After Due Date - \$60.00	After Due Date - \$60.00

DOG DETAILS		
	FIRST DOG	SECOND DOG
DOG'S NAME		
BREED		
MALE/FEMALE		
NEUTER/SPAY		
COLOUR		
VETERINARIAN NAME		
VACCINATION #		

Phone: (519) 882-2350 Fax: (519) 882-3373

411 Greenfield St, Petrolia, ON, N0N 1R0

www.town.petrolia.on.ca

1st Dog: \$ _____

2nd Dog: \$ _____

Total: \$ _____