



Municipality of Dysart et al
DOG LICENSE

(705) 457-1740

No. _____

Year _____

Please Print Clearly

Name of Owner: _____

Address: _____

Telephone: Home: _____ Business: _____

Name of Dog: _____ Age: _____

Male/Female: _____ Spayed/Neutered: _____

Special Markings (if any): _____

Breed of Dog: (please be specific) Example: Collie/Lab Cross

Colour: _____

Date Licence Fee of \$10.00 Collected: _____

License Fee Collector

FOR OFFICE USE ONLY

Payment: Cash Cheque

Receipt #: _____

Date: _____