



Municipality of Dysart et al

DOG LICENCE

(705) 457-1740

No. _____

Year _____

Please Print Clearly

Name of Owner: _____

Address: _____

Telephone: Home: _____ Cell/Work: _____

Email Address: _____

Name of Dog: _____ Age: _____

Male/Female: _____ Spayed/Neutered: _____

Microchipped: (please circle) YES or NO Microchip Number: _____

Breed of Dog: (please be specific) _____

Special Markings (if any): _____

Colour: _____

Date Licence Fee of \$10.00 Collected: _____

Licence Fee Collector: _____

For Office Use Only

Payment: Cash Cheque Debit

Receipt #: _____

Date: _____