

Tag # _____

Clearwater Dog License Application

Owner's name: _____

Civic Address: _____

PO Box: _____ Postal Code: _____

Email: _____

Telephone: (Home) _____

(Cell) _____

Pet Name: _____

Dog Breed: _____

Colour: _____ Sex: _____ Spayed/Neutered: _____

Rabies Immunization Date: _____

Annual Fee: Spayed/Neutered \$3.00

Not Spayed/Neutered \$25.00

Cheque payable to:

Municipality of Louise



Office use only

Date _____ Amount _____ Received copy of picture Yes _____ No _____

Receipt # _____ Copy of Immunization form received Yes _____ No _____