

THE CORPORATION OF THE TOWNSHIP OF BLACK RIVER-MATHESON



DOG TAG APPLICATION

Date: _____

Please complete the following information to ensure our records reflect accurate details about your pet(s) and return this application along with your fee.

Owner's Name: _____
Civic Address: _____
Town: _____ Postal Code: _____
Phone: _____ Cell Phone: _____
Email address: _____

DOG INFORMATION	FIRST DOG	SECOND DOG	THIRD DOG
Dog's Name			
Breed			
Female/Male			
Colour			
Age			
Spayed/Neutered			
Rabies Vaccination Y/N			

Amount Due: _____ Tag Number(s): _____

Dog Tag Fee: \$20.00 per dog
\$30.00 after February 28th
Replacement for lost tag - \$5.00

*** Dog tags expire December 31st of each year ***

Failure to procure a tag will result in fines being charged under By-law 2017-24 and the Provincial Offences Act.