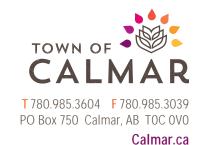
DOG TAG I NFORMATI ON FORM



Name of Dog:		Breed:	
Colour:	Age:	Marks/ Tattoos:	
Male Female No	eutered/ Spayed: Ye	s No Documentation requi	ired.
Owner's Name:			
Mailing Address:	O Box # Stree	et Municipality	Postal Code
Email Address:		Phone Number:	
Vet's Name:			
Address:		Phone Number:	
 the undersigned: Accept full responsibility that the foresaid information is true, and the Animal described above is indeed owned by me. Accept full responsibility for all liability related to the control of the Animal. Absolve the Town of Calmar of any liability whatsoever which may result from the actions of the Animal in my care and control, and Am of the age of 18 or older. The Owner of a Dog shall obtain a one-year temporary license for such Dog at such times and apply for a permanent license one year from the date of the temporary license in the manner as specified in section 3 of Bylaw 2020-18. The Owner of a Dog shall maintain orderly conduct of their pet, or a continuance of the "Temporary License" will continue at the yearly rate. 			
*Please ensure you are up to date with the most current Pet Bylaws from the Town of Calmar. Bylaws can be found on our website: www.calmar.ca or at the Town Office.			
FEES Un-neutered/Un-spayed: Tag Replacement:		eutered/Spayed: \$30.00 evious license must be provided)	
Total Fees:		Tag #:	
Signature:		Date:	

Witnessed by: _____ Receipt #: _____