



Dog Licence Application

Life -Time Tags \$50.00

Date purchased: _____

Tag number issued: _____

Pet Owner's Information

Name: _____

Street Address: _____

Apt/Unit Number: _____

City: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

Pet Information

Pet Name: _____

Breed: _____

Colour: _____

Please check appropriate boxes

Female

Male

Altered (spay/neutered)

Unaltered

Rabies Information

(Must be completed)

Is your pet's rabies inoculation current?

Yes No

Applicant Signature: _____

**Please submit your completed application to:
Town of Parry Sound, 52 Seguin Street, Parry Sound, ON, P2A 1B4 or by email to
sskinner@townofparrysound.com**

This information is being collected in compliance with the Municipality Freedom of Information and Privacy Act and will not be used for purposes other than administration of the Town of Parry Sound Animal Control By-law.