



Dog Licence - Lifetime Tag Application

\$50.00

Date: _____ Tag number issued: _____

Pet Owner's Information

Name: _____

Street Address: _____ PARRY SOUND, ON

Apt/Unit #: _____ Postal Code: _____

Phone Number: _____

E-mail Address: _____

Pet Information

Pet Name: _____

Breed: _____

Colour: _____

Age: _____ Sex: Female Spayed Male Neutered

Rabies: Is your pet's rabies inoculation current? Yes No

Applicant Signature: _____

Please submit to: Town of Parry Sound, 52 Seguin Street, Parry Sound, ON, P2A 1B4 or by email to bylaw@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.