



# Schedule "B" DOG LICENSE APPLICATION FORM

TAG #: \_\_\_\_\_  
REPLACES  
TAG #: \_\_\_\_\_

PLEASE NOTE THAT **ALL** FIELDS MUST BE COMPLETE

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Physical Address: (rural address or legal land description)

\_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ Sex of Dog: \_\_\_\_\_

Age of Dog: (weeks, months, or years) \_\_\_\_\_ Color of Dog: \_\_\_\_\_

Special Markings or Tattoos: \_\_\_\_\_

Has this Dog ever been declared as a Vicious Dog in any other jurisdiction  YES  NO  
If **YES** you will be required to obtain a Vicious Dog License (Schedule "C")

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

*The personal information requested on this form is being collected due to the required provincial and municipal legislation, under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act.*