



DOG TAG LICENCE APPLICATION

FIRST DOG
Dog Name:
Breed:
Colour:
Male / Female (please circle)
Rabies Vaccination Expiry (mm/dd/yy):

SECOND DOG
Dog Name:
Breed:
Colour:
Male / Female (please circle)
Rabies Vaccination Expiry (mm/dd/yy):

Name of Dog Owner:
Civic Address:
Mailing Address:
Tag: Picked up / Mailed out
Phone Number:

Fees:	1 year tag	2 year tag	3 year tag
Jan 1st - Feb 28th	\$20.00	\$40.00	\$60.00
Mar 1st - Year End	\$30.00	\$50.00	\$70.00
ALL TAGS ARE NON-REFUNDABLE AND NON-TRANSFERABLE			

Veterinarian Information:

Clinic Name:	Phone Number:
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You must attach a copy of Rabies Vaccination to this application before dog tag will be issued

Declaration: I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement or omission may lead to charges under the Town of Midland By-law. **I understand that a maximum of two (2) dogs may be harboured in a dwelling unit in the Town of Midland.**

Signature: _____ **Date:** _____

Internal Use Only:	
Receipt Number _____	First Dog Tag # _____
VALID PROOF OF RABIES SHOWN: Y or N	Second Dog Tag # _____

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