



DOG LICENCE APPLICATION

Please apply via mail or in person at the Caledon Animal Shelter or Town Hall.
 Dog licences expire December 31 and are not transferable. Town of Caledon By-Law 2006-127 states that only three (3) dogs per property are permitted.

Please check to indicate type of application

New Renewal Replacement Tag

OWNER INFORMATION

First Name _____	Last Name _____
Street Address _____	
Mailing Address (if different than above) _____	
City _____	Telephone # (H) _____ (B) _____
Postal Code _____	Emergency Contact _____
e-mail address _____	

FIRST DOG'S INFORMATION

Dog's Name _____	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Breed _____	Spayed or Neutered	Y <input type="checkbox"/>	N <input type="checkbox"/>
Colour _____	Age _____		
Microchip/Tattoo# _____			
Please pay this amount	\$40.00		
<small>Price includes Caledon Animal Shelter surcharge</small>			
For Office Use Only			
Dog Tag # _____			
Date _____			
For 1 dog total \$40.00			

SECOND DOG'S INFORMATION

Dog's Name _____	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Breed _____	Spayed or Neutered	Y <input type="checkbox"/>	N <input type="checkbox"/>
Colour _____	Age _____		
Microchip/Tattoo# _____			
Please pay this amount	\$40.00		
<small>Price includes Caledon Animal Shelter surcharge</small>			
For Office Use Only			
Dog Tag # _____			
Date _____			
For 2 dogs total \$80.00 (\$40.00+\$40.00)			

THIRD DOG'S INFORMATION

Dog's Name _____	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Breed _____	Spayed or Neutered	Y <input type="checkbox"/>	N <input type="checkbox"/>
Colour _____	Age _____		
Microchip/Tattoo# _____			
Please pay this amount	\$40.00		
<small>Price includes Caledon Animal Shelter surcharge</small>			
For Office Use Only			
Dog Tag # _____			
Date _____			
For 3 dogs total \$120.00 (\$40.00+\$40.00+\$40.00)			

PAID BY: Cash Cheque Debit Visa M/C TOTAL PAYMENT ENCLOSED:
 Please make cheques payable to: Town of Caledon & mail to Town of Caledon 6311 Old Church Road, Caledon, ON L7C 1J6

Card Type: MC VISA
 Card # _____
 Expiry Date: _____
 Signature: _____

The *Municipal Freedom of Information & Protection of Privacy Act* states that we must seek your permission to use your telephone number and address if necessary, in order to contact you about your dog.

Please circle YES or NO and sign below.

Signature: _____