



ANNUAL DOG LICENCE APPLICATION

Licence Fee: \$20.00 per dog on or before February 28th each year or \$50.00 per dog effective March 1st.

Replacement Tag: \$2.00 per tag.

OWNER INFORMATION/CONTACT (Please print)

Year: _____

Name: _____

Address: _____

Postal Code: _____ Box #: _____

Primary Phone: _____ Secondary Phone: _____

Dog #1 Information

Name: _____ Breed: _____

Colour/Markings: _____

Male: _____ Female: _____ Age: _____ Tag No. _____

All dogs in Ramara 3 months in age and older must be licensed.

A maximum of 3 dogs are permitted for each dwelling unit or property.

Dog #2 Information

Name: _____ Breed: _____

Colour/Markings: _____

Male: _____ Female: _____ Age: _____ Tag No. _____

Tag Purchase locations Township of Ramara Administration Centre; the Ramara Centre; Washago Veterinarian.

Please watch for and obey signs in parks where dogs are prohibited and **always** clean up after your dog when not on your own property.

Dog #3 Information

Name: _____ Breed: _____

Colour/Markings: _____

Male: _____ Female: _____ Age: _____ Tag No. _____

I hereby verify that the information provided herein is true and correct and that my dog(s) have not been declared a Dangerous Dog. By signing this I agree to conform to all Municipal Bylaws, and understand failing to do so, may result in fines.

Signature: _____ Date: _____

In the event the above registered animal(s) has been found by an individual other than a Municipal employee, by signing below, I hereby consent the Township of Ramara to release my name and phone number in order that I may be contacted.

Signature: _____ Date: _____

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purpose of Dog Tag Licensing and dog control. Questions about this collection should be directed to the Freedom of Information Co-ordinator, Corporation of the Township of Ramara, 2297 Highway 12, P.O. Box 130, Brechin, ON L0K 1B0, 705-484-5374.

For Office Use:

Amount Paid \$ _____ Payment Type _____ Issued By: _____

White Copy—Office; Yellow Copy—Resident.