

APPLICATION FOR REGISTRATION OF DOG

Applicant Information (please print)

Date of Application: _____ Year of Application: _____

Change of Information

<u>Owner Information</u> (please print)		
Name: _____		
Mailing Address: _____	Street Address: _____	
Residence Phone: _____	Cell Phone: _____	
<u>Dog Information</u> (please print)		
Name of Dog: _____	Breed of Dog: _____	
Colour: _____	Special Markings: _____	
Sex: Male <input type="checkbox"/>	Neutered <input type="checkbox"/>	Non-Restricted <input type="checkbox"/>
Female <input type="checkbox"/>	Spayed <input type="checkbox"/>	Restricted <input type="checkbox"/>
Tag #: _____	Fee Charged: _____	

I have been provided with and agree to obey all rules and regulations pertaining to the Animal Licensing and Control Bylaw No. 015-2023 and have received any necessary dog tag(s). I acknowledge license must be renewed annually and are effective from January 1st to December 31st.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Application received by: _____ Date: _____

Freedom of Information and Protection of Privacy Act Collection Notice: By submitting the above information, your name, phone numbers, mailing/physical address, postal codes, and animal information are being collected in line of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used to process your dog registration application by the Town of Smoky Lake. If you have any questions about the collection of your personal information, you may contact the Town of Smoky Lake at 56 Wheatland Ave, Smoky Lake, AB T0A 3C0, 780-656-3674, or legislative@smokylake.ca.

APPLICATION FOR REGISTRATION OF DOG

Multiple dog information

Dog Information (please print)

Name of Dog: _____ Breed of Dog: _____

Colour: _____ Special Markings: _____

Sex: Male Neutered Non-Restricted

Female Spayed Restricted

Tag #: _____ Fee Charged: _____

Dog Information (please print)

Name of Dog: _____ Breed of Dog: _____

Colour: _____ Special Markings: _____

Sex: Male Neutered Non-Restricted

Female Spayed Restricted

Tag #: _____ Fee Charged: _____

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PO Box 460 56 Wheatland Ave Smoky Lake, AB T0A 3P0

Phone: 780-656-3674 | Fax: 780-656-3675

Email: town@smokylake.ca | Website: www.smokylake.ca

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