



LAXGALTS'AP FIRE, RESCUE & ENFORCEMENT
401 NORTH ROAD, LAXGALTS'AP BC, V0J 1X0



DOG LICENSE APPLICATION

1. NAME OF DOG OWNER: _____

2. ADDRESS OF DOG OWNER: _____

3. ADDRESS AT WHICH THE DOG
WILL NORMALLY BE KEPT: _____

4. Name of Dog: _____

5. Breed of Dog: _____

6. The dog is: Male Neutered Male
 Female Spayed Female

	Attached	Not Attached
7. Proof of Immunization	<input type="checkbox"/>	<input type="checkbox"/>
8. Proof of Ownership	<input type="checkbox"/>	<input type="checkbox"/>
9. Photo of Dog	<input type="checkbox"/>	<input type="checkbox"/>

10. Signature of Applicant: _____

11. Date of Application (Month-Day-Year) _____

For Office Use Only

12. Fee Paid Yes No Total \$ _____

13. Name of Approving Officer: _____

14. Signature of Approving Officer: _____