**DOG LICENCE & REGISTRATION 2025**

**CORPORATION OF THE TOWN OF BRUCE MINES**

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| --- | --- |
| **Date:** | **/ /2025**  Month/Day/Year |
| **Owner’s Name:** |  |
| **Owner’s Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bruce Mines, ON P0R 1C0 **Phone #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Dog:** |  |
| **Breed of Dog:** |  |
| **Gender:** | Female Spayed □ Female Intact □  Male Neutered □ Male Intact □ |
| **Colour:** |  |
| **Age:** |  |
| **Rabies Vaccine Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A valid copy of Rabies Vaccine Certificate must be submitted with application.) |
| **Fee Due April 1:** | $5 Spayed Female □ $25 Intact Female □  $5 Neutered Male □ $25 Intact Male □ |
|  |  |

This licence is issued to the owner herein described, subject to the provisions of the Municipal Act and to the bylaws of the municipality and will continue to be in force until March 31, 2026 and no longer. The information on this licence is collected under the authority of Municipal Act, R.S.O. 1990, c.M.45, s. 210 par. 11 and will be used for the dog licencing and animal control records of the municipality. For further information, please contact the municipal clerk.

**FOR OFFICE USE ONLY**

Date Application Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tag Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies Vaccine Proof Provided: □

Total Fee Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash □ Cheque □

Rec. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Licence Collector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_