



TOWN OF LA RONGE APPLICATION FOR DOG LICENSE

Owner's Name: _____
SURNAME / FIRST NAME

Address: _____
CIVIC ADDRESS

Phone No: Home: _____ Work: _____

Number of Dogs Owned: _____

DESCRIPTION OF DOG

Age: _____ Breed: _____

Name: _____ Colour: _____

I hereby declare that the information listed
above is the truth to the best of my knowledge:

Signature of Applicant

- ✓ Check One: Male
 Emasculated Male
 Bitch
 Spayed Female
 Certificate of Veterinary Surgeon Produced

OFFICE USE ONLY:

License Number Issued: _____ Date License Issued: _____ Amount: _____

*** Reverse: Impounding and Ticket Control

Receipt No.: _____