

DOG LICENCE APPLICATION

New **Replacement Tag** **Information Update**

OWNER INFORMATION

All mandatory fields denoted by an * must be filled in.

APPLICANT INFORMATION (PET OWNER) (ONE PERSON ONLY)

*Last Name	*First Name	Middle Initial
_____	_____	_____
*Primary Phone	Secondary Phone	Other Phone
_____	_____	_____
Email	Rocky View Customer ID #	
_____	_____	

MAILING ADDRESS (ROCKY VIEW COUNTY ADDRESS ONLY)

*House Number	*Street Address	
_____	_____	
*City	*Province/State	*Postal/Zip Code
_____	_____	_____

Physical Address (if different than mailing address)

House Number	Street Address	
_____	_____	
City	Province/State	Postal/Zip Code
_____	_____	_____

CO-OWNER INFORMATION

Last Name	First Name	Middle Initial
_____	_____	_____
Primary Phone	Secondary Phone	Other Phone
_____	_____	_____

EMERGENCY CONTACTS: Please provide the contact information for up to two trusted friends or family members that we can release your pet to if necessary.

Emergency Contact 1

Last Name	First Name	Middle Initial
_____	_____	_____
Primary Phone	Secondary Phone	Other Phone
_____	_____	_____

Emergency Contact 2

Last Name	First Name	Middle Initial
_____	_____	_____
Primary Phone	Secondary Phone	Other Phone
_____	_____	_____

Dog Information #1

*Male *Female
 Neutered Yes No Spayed Yes No

*Animal Name: _____

*Primary Breed: _____

Secondary Breed: _____

*Primary Markings: _____

*Primary Color: _____

Secondary Color: _____

Microchip Number: _____

Tattoo ID: _____

For Office Use Only: Tag #: _____
 Replacement Tag #: _____

Dog Information #3

*Male *Female
 Neutered Yes No Spayed Yes No

*Animal Name: _____

*Primary Breed: _____

Secondary Breed: _____

*Primary Markings: _____

*Primary Color: _____

Secondary Color: _____

Microchip Number: _____

Tattoo ID: _____

For Office Use Only: Tag #: _____
 Replacement Tag #: _____

Dog Information #2

*Male *Female
 Neutered Yes No Spayed Yes No

*Animal Name: _____

*Primary Breed: _____

Secondary Breed: _____

*Primary Markings: _____

*Primary Color: _____

Secondary Color: _____

Microchip Number: _____

Tattoo ID: _____

For Office Use Only: Tag #: _____
 Replacement Tag #: _____

Dog Information #4

*Male *Female
 Neutered Yes No Spayed Yes No

*Animal Name: _____

*Primary Breed: _____

Secondary Breed: _____

*Primary Markings: _____

*Primary Color: _____

Secondary Color: _____

Microchip Number: _____

Tattoo ID: _____

For Office Use Only: Tag #: _____
 Replacement Tag #: _____

Note: If you have more than 4 dogs please complete another dog licence application form.

ACKNOWLEDGEMENT

I acknowledge that I have read and understand my responsibilities for dog ownership under the Animal Control Bylaw and the Land Use Bylaw.

*Signature: I acknowledge by typing my name above I am signing this application and I agree to be bound as if I had endorsed this document with my own handwritten signature. I understand that checking this box forms an agreement with Rocky View County. Date _____

Falsifying information on this application is an offence and carries a penalty of \$500. Failure to obtain a licence carries a penalty of \$150.

Dog tags are permanent and are not required to be replaced each year, however please ensure that the information on file is current and correct.

Having your dog licenced, keeping your information current and ensuring your dog is wearing its tag, makes it easier to reunite you with your dog if it is lost.

PAYMENT MUST BE RECEIVED TO COMPLETE DOG LICENCING

Fees are \$20 for intact, \$15 for spayed/neutered and \$10 for a replacement tag

Rocky View County offers a number of payment options. Please choose the option that is right for you.

- Online or telephone banking
 - Through your financial institution, please choose Rocky View County Dogs as Payee and use 12345 as your **temporary** account number.
 - ***Please note that the assigned temporary account number will change as soon as you receive your first invoice.***
 - Email or mail your completed application form with your payment confirmation (date of payment and name of bank)
 - Email to: to dogs@rockyview.ca; or
 - Mail to:
Rocky View County
262075 Rocky View Point
Rocky View County, AB T4A 0X2

- County Hall:
 - In person by cash, cheque, debit or credit card. Please bring a copy of your completed application form or request an application form at the front counter.
 - Night drop box with a cheque payable to Rocky View County. Please include a copy of your completed application.

- By mail
 - Please attach your cheque to your completed application form, make cheque payable to Rocky View County and mail it to:
Rocky View County
262075 Rocky View Point
Rocky View County, AB T4A 0X2