

Dog License/Renewal Form

PERSONAL INFORMATION		
Last Name:	First Name:	
Home Phone:	Cell Phone:	
Civic Address:	Mailing Address:	
Email Address:		
PET INFORMATION (1)		
Breed:	Color:	Markings:
Name:	Sex: ☐ M ☐ F	Altered: ☐ Y ☐ N
Year Born:	Shots Up to Date: ☐ Y ☐ N	Tag #:
PET INFORMATION (2)		
Breed:	Color:	Markings:
Name:	Sex: ☐ M ☐ F	Altered: ☐ Y ☐ N
Year Born:	Shots Up to Date: ☐ Y ☐ N	Tag #:
PET INFORMATION (3)- OVER LIMIT APPROVAL REQUIRED		
Breed:	Color:	Markings:
Name:	Sex: ☐ M ☐ F	Altered: ☐ Y ☐ N
Year Born:	Shots Up to Date: ☐ Y ☐ N	Tag #:

AUTHORIZATION:	
I certify that the information given on this form is true and complete to the best of my knowledge and acknowledge my authorization of the information.	
_____ Signature	_____ Date

The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA) and Access to Information Act (ATIA) and the Town of Bruderheim Animal Control Bylaw. The information collected will be used to provide a record of animal licenses issued by the Town of Bruderheim. If you have any questions about the collection or use of your personal information, contact the Town of Bruderheim's POPA Coordinator at (780)796-3731.