



# Dog Licence Application

## Saddle Hills County

### For Office Use Only

Tag # \_\_\_\_\_ Replaces# \_\_\_\_\_

Expiry of Licence: Dec 31, \_\_\_\_\_

Receipt# \_\_\_\_\_ Issued By: \_\_\_\_\_

### Please note:

A fee of \$25.00 is required. Once you have completed and submitted this form, please call the County office at 780-864-3760 during office hours (8:15 am to 4:30 pm, Mon - Fri) and make arrangements for payment. You may pay by cash, cheque or credit card. You may also authorize the County to add the fee to your utility bill.

### Name of Owner \*

### Application Date \*

### Mailing Address \*

### Postal Code \*

### Contact Information - please choose method(s) we can get in touch with you \*

- ☐ Home Phone
- ☐ Work/Alternate Phone
- ☐ Cell phone
- ☐ Fax
- ☐ Email

### Phone (Home) \*

### Phone (Work/Alternate) \*

### Phone (Cell) \*

### Fax \*

### Email address \*

### Licence Type \*

- ☐ New
- ☐ Renewal

### Gender of Dog \*

- ☐ Male
- ☐ Female

**Has your dog been spayed or neutered? \***

☐ Yes

☐ No

**Location (land location etc.)**

**Secondary Breed**

**Colour(s) of dog \***

**Name of dog \***

**Dominant Breed \***

**Age of dog \***

**Special Markings or Tatoos**

**Comments**

**Reminder:**

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**I would like the County to add the fee to my utility bill**

- ☐ Yes
- ☐ No

**Please sign here with your cursor or use one of the other two electronic signature options below.**

**Upload your electronic signature here.**

**I understand that checking this box constitutes a legal signature**

- ☐ Yes
- ☐ No

**Date of signature \***

### **Notice of Collection**

The personal information on this form is being collected for the purpose of providing dog licences and will be shared with Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact [admin@saddlehills.ab.ca](mailto:admin@saddlehills.ab.ca) or call (780) 864-3760.

**Please send me a pdf copy of this form**

- ☐ Yes
- ☐ No

**Email address for copy of form \***