

District of North Cowichan
Dog Licence Application

Date: _____

Owner 's Name: _____

2nd Name: _____

Civic Address: _____

Mailing Address: _____

_____ Account #: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Dog 1

Dog's Name: _____

Female: Spayed Female: Male: Neutered Male:

Breed: _____ Tag #: _____

Colour: _____ Tattoo/Chip #: _____

Dog 2

Dog's Name: _____

Female: Spayed Female: Male: Neutered Male:

Breed: _____ Tag #: _____

Colour: _____ Tattoo/Chip #: _____

Dog 3

Dog's Name: _____

Female: Spayed Female: Male: Neutered Male:

Breed: _____ Tag #: _____

Colour: _____ Tattoo/Chip #: _____