

ANIMAL TAG LICENCE APPLICATION & FEE SCHEDULE

Owner Information

Last Name: _____ First Name: _____

Address: _____

Mailing Address (if different from above): _____

Phone #: _____ - _____ - _____

Animal(s) Information

DOG <input type="checkbox"/>		CAT <input type="checkbox"/>	
Animal Name: _____		Breed: _____	
Animal Date of Birth (year): _____		Rabies Vaccination Expiry (mm/dd/yy): _____	
Spayed/Neutered:	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Microchip:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chip # _____
Registration:	Lifetime* <input type="checkbox"/>	Annual <input type="checkbox"/>	Tag # Office Use Only

DOG <input type="checkbox"/>		CAT <input type="checkbox"/>	
Animal Name: _____		Breed: _____	
Animal Date of Birth (year): _____		Rabies Vaccination Expiry (mm/dd/yy): _____	
Spayed/Neutered:	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Microchip:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chip # _____
Registration:	Lifetime* <input type="checkbox"/>	Annual <input type="checkbox"/>	Tag # Office Use Only

DOG <input type="checkbox"/>		CAT <input type="checkbox"/>	
Animal Name: _____		Breed: _____	
Animal Date of Birth (year): _____		Rabies Vaccination Expiry (mm/dd/yy): _____	
Spayed/Neutered:	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Microchip:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chip # _____
Registration:	Lifetime* <input type="checkbox"/>	Annual <input type="checkbox"/>	Tag # Office Use Only

DOG <input type="checkbox"/>		CAT <input type="checkbox"/>	
Animal Name: _____		Breed: _____	
Animal Date of Birth (year): _____		Rabies Vaccination Expiry (mm/dd/yy): _____	
Spayed/Neutered:	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Microchip:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chip # _____
Registration:	Lifetime* <input type="checkbox"/>	Annual <input type="checkbox"/>	Tag # Office Use Only

**If your pet is spayed/neutered AND has a microchip you are eligible for lifetime registration. See fee schedule.*

Veterinarian Information

Clinic Name: _____	Phone #: _____
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Registration Fees

Type	Registration Fee	Period
Altered Cat	\$15/each	Year
Altered Cat with micro-chip	\$40/each	Lifetime (NEW)
Unaltered Cat	\$30/each	Year
Type	Registration Fee	Period
Altered Dog	\$20/each	Year
Altered Dog with micro-chip	\$50/each	Lifetime (NEW)
Unaltered Dog	\$30/each	Year
General		
Replacement tags	\$7/each	Occurrence

Tags may be purchased by mail, in person at the Township Office, or at the Elmvale Library. Tags can also be purchased through the Animal Tag Sales Agent, Andrea Duffy – LeBlanc at 705-790-4364.

Please Note changes:

- Payment at the Springwater Municipal Office to be made by cash, cheque, debit, credit (Visa or Master Card).
- Payment at the Springwater Library in Elmvale to be made by **cash or cheque**.
- Tags for Guide Dogs or Police Work Dogs may be obtained free of charge, *proof required*.
- Yearly proof of rabies vaccination or exemption from vaccination is required.
- Proof of micro-chipping is required.
- Owners of dogs running at large may be fined \$150.00. Please keep your dog tied, leashed or fenced.
- If you no longer have your animal, or if you require further information, please contact the Springwater Township Municipal Law Enforcement Officer at 705-728-4784 ext. 2033.

Fees for Animal Tags cover costs for the following services:

- Administration, Dog Sale Agent, Animal Tags, OSPCA surrenders, By-law Enforcement, Animal Control Officer and, more importantly, they identify your pet, should they get lost.

Declaration: I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement or omission may lead to charges under the Township of Springwater Animal Control By-law 2013-041.

Information on this form is collected for purposes authorized under the *Municipal Act 2001, s. 8*; in addition to animal control, information will be used to enhance municipal services being delivered to applicants/residents or as the applicant may require. All information is subject to provisions of the *Municipal Freedom of Information Act, R.S.O. 1990, Ch M56* (MFIPPA). Questions about this notice of collection should be directed to the Clerk's Office 705-728-4784 ext. 2015.

METHOD OF PAYMENT:	Total Amount: \$ _____
<input type="checkbox"/> VISA <input type="checkbox"/> MC Card # _____	CCV: _____
CARD HOLDER NAME: _____	Expiry (mm/yy): _____
Today's Date (mm/dd/yy): _____	

For Office Use Only:

Date Issued:	Issued By:	Amount Paid:
		\$