Box 87, Alix, AB T0C 0B0
P: (403) 747-2495 F: (403) 747-3663
info@villageofalix.ca

DOG LICENSE FORM

Owner's Information:

Name: _____

Street Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Animal's Information:

Name: _____ Name: _____

Breed: _____ Breed: _____

Colour: _____ Colour: _____

Age: _____ Age: _____

Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed

Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed

_____ _____

Signature of Owner **Date**

FOR OFFICE USE ONLY

License(s) #: _____

☐ Cash ☐ Cheque ☐ Debit ☐ E-Transfer

Fee Paid: _____ Initials: _____

*This information is collected under the authority of the Municipal Government Act and the Freedom of Information and Protection of Privacy Act, Section 33c. If you have any questions with respect to the collection or release of this information, please contact the Village of Alix FOIP Officer at (403) 747-2495.