

## **DOG LICENSE FORM**

Box 87, Alix, AB TOC 0B0 P: (403) 747-2495 F: (403) 747-3663

info@villageofalix.ca

Street Address:	Owner's Information:	
Street Address:		
Work Phone #:   Work Phone #:		
Animal's Information:         Name:		
Animal's Information:  Name: Name:		
Name:   Name:   Breed:   Breed:   Colour:   Colour:   Age:   Age:   Gender:	Centrione in	<del></del>
Name:   Name:   Breed:   Breed:   Colour:   Colour:   Age:   Age:   Gender:	Animal's Information:	
Breed:   Breed:   Colour:   Colour:   Age:   Age:   Age:   Gender:   Male   Female   Gender:   Male   Female   Spayed   Neutered   Spayed   Signature of Owner   Date   Date   Date   Cash   Cheque   Debit   E-Transfer   Debit   E-Transfer   Debit   Debit		Name:
Colour:		
Age: Age: Gender: Male Female Gender: Male Female Spayed Neutered Spayed  Signature of Owner Date  FOR OFFICE USE ONLY  License(s) #: Cash Cheque Debit E-Transfer		
Gender: Male Female Gender: Male Female Neutered Spayed  Signature of Owner  Date  FOR OFFICE USE ONLY License(s) #: Cash		
Neutered Spayed Neutered Spayed  Signature of Owner Date  FOR OFFICE USE ONLY  License(s) #: Cash		
Signature of Owner  POR OFFICE USE ONLY  License(s) #:  Cash Cheque Debit E-Transfer	Gender:	Gender:
FOR OFFICE USE ONLY  License(s) #:  Cash Cheque Debit E-Transfer	Neutered Spayed	Neutered Spayed
FOR OFFICE USE ONLY  License(s) #:  Cash Cheque Debit E-Transfer		
FOR OFFICE USE ONLY  License(s) #:  Cash Cheque Debit E-Transfer		
License(s) #: Cash	Signature of Owner	Date
☐ Cash ☐ Cheque ☐ Debit ☐ E-Transfer	FOR OFFICE USE ONLY	
☐ Cash ☐ Cheque ☐ Debit ☐ E-Transfer	License(s) #:	
		heque Debit E-Transfer
For Poid.		· — —
Fee Paid:	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.		