DOG LICENCE APPLICATION

SECTION 1: DOG OWNER(S) LEGAL NAMES

FIRST NAME		LAST NAME		
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OWNER CONTACT INFORMATION				
UNIT #	STREET	CITY	PROVINCE	POSTAL CODE
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	EMAIL		

SECTION 2: EMERGENCY CONTACT INFORMATION (NOT OWNER)

FULL NAME	TELEPHONE NUMBER

SECTION 3: DOG INFORMATION

If your dog is lost, do we have consent to give your contact information (name and phone number) to the finder? ◯ Yes ◯ No

Dog 1			
NAME	SEX ◯ Male ◯ Female	SPAYED / NEUTERED ◯ Yes ◯ No	DATE OF BIRTH (MM/YY)
BREED(S)	COLOUR(S)	TATTOO #	MICROCHIP #
Dog 2			
NAME	SEX ◯ Male ◯ Female	SPAYED / NEUTERED ◯ Yes ◯ No	DATE OF BIRTH (MM/YY)
BREED(S)	COLOUR(S)	TATTOO #	MICROCHIP #
Dog 3			
NAME	SEX ◯ Male ◯ Female	SPAYED / NEUTERED ◯ Yes ◯ No	DATE OF BIRTH (MM/YY)
BREED(S)	COLOUR(S)	TATTOO #	MICROCHIP #

NOTE: Proof of sterilization and/or Certified Therapy/Service Dog must accompany application. Documentation is Required

SECTION 4: SIGNATURE

NAME OF APPLICANT	SIGNATURE	DATE

SECTION 5: FOR OFFICE USE ONLY

DOG 1 TAG #	Deemed Vicious By Breed ◯ Yes ◯ No	DOG 2 TAG #	Deemed Vicious By Breed ◯ Yes ◯ No	DOG 3 TAG #	Deemed Vicious By Breed ◯ Yes ◯ No
ACCOUNT NUMBER		DATE		PROCESSED BY	

Questions?
Contact City of Burnaby Licensing via:
Email: doglicence@burnaby.ca
Phone: 604-294-7320
For our full dog licence fees please visit www.burnaby.ca/doglicence