



Town of Coaldale
Regulatory Services
Dog License Applications

License Tag #: _____

Owner Name: _____

Owner DOB: _____

Address: _____

Postal Code: _____

Phone: _____

Alternate Phone: _____

Email Address: _____

Name of Dog: _____

Dog DOB: _____

Breed: _____

Colour: _____

Markings/Identifiers: _____

Sex: Male Female

Status: Intact Altered

Vaccinations: Yes No

Microchip: Yes No

Additional Information: _____

Owner Signature

Date

License Fee: _____

Payment Type: _____

Protection of Privacy Act Notification: Your name, home phone number, home address and postal code are collected under the authority of Section 4(c) of the Protection of Privacy Act (Alberta). This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the Privacy Coordinator for the Town of Coaldale, #200, 1801 - 20th Avenue, P.O. Box 1236 or by phone 403-345-1306.