



**Town of Coaldale
Regulatory Services
Dog License Application**

Date: _____ Owner: _____
(Print Clearly)
Street Town Prov. Postal Code Owner's
Address: _____ Date of Birth: _____
(YYYY/MM/DD)
Phone: (Home) _____ (Cell) _____ (Work) _____

Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the FOIP Coordinator, Town of Coaldale, 1920-17th Street, T1M 1M1 or 403-345-1300.

Name of Dog: _____ Date of Birth: _____
(YYYY/MM/DD)
Breed _____
Age: _____ Colour _____ Other Markings?Tattoos etc: _____
Sex: Male: _____ Female: _____ Intact: _____ Altered: _____ (Proof required for females)
Tail: Long: _____ Short: _____ Bushy: _____ None: _____
Ears: Cropped: _____ Erect: _____ Semi: _____ Drooped: _____
Coat: Smooth: _____ Wire: _____ Curly: _____ Long: _____
Size: Small: _____ Medium: _____ Large: _____
Vaccinations - Current: _____ (Records Required)
Additional Information:

License Fee: _____ Impound Fee: _____ Maintenance Fee: _____
Surrender Fee: _____ Adoption Fee: _____ Replacement License: _____
Total: _____
Payment: Cash: _____ Cheque: _____ Interac: _____ LICENSE TAG # _____

OWNER SIGNATURE

ANIMAL CONTROL OFFICER/DESIGNATE



**Town of Coaldale
Regulatory Services
Service Authorizations - Agreements - Notices**

NOTICE OF SURRENDER

DATE: _____

To the Animal Control Officer for the Town of Coaldale:

Please accept the animal described herein which is surrendered to you forthwith. I hereby declare that I am the owner of the said animal and subsequently relinquish all claim of the said animal.

Owner Signature: _____ Animal Control Officer / Designate: _____

ADOPTION AGREEMENT

DATE: _____

I hereby accept ownership of the animal described herein and accept all responsibility for the said animal.

Owner Signature: _____ Animal Control Officer / Designate _____

RETRIEVAL OF SEIZED DOG

DATE: _____

I hereby declare that I am the owner of the animal described herein and accept all responsibility for the said animal.

Owner Signature: _____ Animal Control Officer / Designate _____

License Fees

1. License Fee per Dog:

- | | |
|--|---------|
| a) for each altered male or altered female dog | \$20.00 |
| b) for each unaltered male or unaltered female dog | \$40.00 |
| c) for Assistance Dogs | \$00.00 |

2. Fanciers License \$50.00
(Plus Regular License Fee per dog)

3. Fee for Replacement License Tag \$5.00

4. Restricted Dog License Fee \$100.00

5. License Fee will be reduced by 50 per cent (1/2), per Dog in any case where an owner acquires a new Dog or where an owner becomes a resident in the Town of Coaldale after August 1 of the calendar year.