



Dog Licence Application Form

Corporate Services
1 MacDonald Square
Elora ON N0B 1S0
Phone: (519) 846-9691 x252
Fax: (519) 846-2074

Owner	
Address	
Home Phone Number	
Work Phone Number	
Cell Phone Number	

I authorize the Township of Centre Wellington to release my telephone number to the finder of my dog(s) if found:

- Yes
- No

Name of dog:
Age:
Male
Female
Breed
Colour:
Tag number (office use only)

Name of dog:
Age:
Male
Female
Breed
Colour:
Tag number (office use only)

Payment (Circle one)	Cheque	Cash	Debit
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Receipt Number (Office use only)

Personal information that you provide on this form is collected by the Township of Centre Wellington under the authority of By-law 2005-007 and the Municipal Act for the purpose of registering, licensing and the control of dogs. Questions relating to the use, collection and disclosure of this personal information may be addressed to the Supervisor of Customer Service/Deputy Clerk Lisa Miller at 1 MacDonald Square, Elora or by calling 519-846-9691 x242