



Dog Registration Application

Township of North Glengarry

Owner Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apt./Unit #*

Town/Village *Postal Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

Owner Type (circle): *Property Owner / Tenant* Tag pick up (circle): *In person / Mail to address above*

Pet Information

Name of Dog: _____ Breed: _____

Color/Markings: _____ Age: _____

Male/Female: _____

Tag Information (Office use only)

Tag Number: _____ License Fee: _____

Date Issued: _____

Information on this form is collected pursuant to By-law 2008-44 & By-law 2009-57 for licensing, regulating and keeping of dogs. For further inquiries call 613-525-1110 or write to North Glengarry Township, 90 Main Street P.O. Box 700 Alexandria, ON K0C 1A0.