

**DOG LICENSING FORM  
HOOSIER & LOVERNA**

**OWNER INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**PET INFORMATION**

**1<sup>st</sup> DOG**

**TAG #:** \_\_\_\_\_

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Male:  Female:  Spayed or Neutered: YES  NO  Hair: Short:  Long:  Tattoo or Microchip: YES  NO

Breed (list all that are known if mixed): \_\_\_\_\_

Physical Description/Distinct Markings/Color of Animal: \_\_\_\_\_

\_\_\_\_\_ Medical Conditions: \_\_\_\_\_

**2<sup>nd</sup> DOG**

**TAG #:** \_\_\_\_\_

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Male:  Female:  Spayed or Neutered: YES  NO  Hair: Short:  Long:  Tattoo or Microchip: YES  NO

Breed (list all that are known if mixed): \_\_\_\_\_

Physical Description/Distinct Markings/Color of Animal: \_\_\_\_\_

\_\_\_\_\_ Medical Conditions: \_\_\_\_\_

**3<sup>rd</sup> DOG**

**TAG #:** \_\_\_\_\_

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Male:  Female:  Spayed or Neutered: YES  NO  Hair: Short:  Long:  Tattoo or Microchip: YES  NO

Breed (list all that are known if mixed): \_\_\_\_\_

Physical Description/Distinct Markings/Color of Animal: \_\_\_\_\_

\_\_\_\_\_ Medical Conditions: \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_

Dogs four (4) months or older must be licensed. Owners failing to license a dog each calendar year will be subject to a penalty under Bylaw 2019-05. **Maximum of three (3) dogs over four (4) months of age shall be owned and/or harbored in a single dwelling within Hoosier or Loverna.**

**PAYMENT INFORMATION** (office use only)

Annual pet license fee: **\$10.00/Dog**  
(Replacement tag: \$2.00)

EFT _____ Cash _____ Chq # _____	Date Issued: _____
	Amount Paid: _____
	Receipt #: _____
EFT _____ Cash _____ Chq # _____	Date Issued: _____
	Amount Paid: _____
	Receipt #: _____
EFT _____ Cash _____ Chq # _____	Date Issued: _____
	Amount Paid: _____
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