



SCHEDULE "A" TO BY-LAW 44-2022
DOG LICENSE APPLICATION

1. All dogs shall be registered pursuant to the requirements of the Animal Control Bylaw.
2. A maximum of 3 dogs are permitted for each dwelling.
3. Submit the completed application, in person or by mail, at the Municipal Office. Office hours are 8:30 a.m. to 4:30 p.m., located at 4305 Hamilton Road, Dorchester, ON N0L 1G3.

If your dog is missing or if you have an issue with a stray dog, please contact:

Hillside Kennels at 1-888-469-3247, located at 786007 Township Road 6, Innerkip, ON N0J 1M0.

Please notify the office to indicate any changes in information (i.e. ownership, address, death of dog, or additional dogs) at 519-268-7334 or inquiries@thamescentre.on.ca

ANY PERSON WHO FAILS TO REGISTER A DOG FOR A LICENSE OR RENEW A DOG LICENSE IS GUILTY OF AN OFFENCE AND SHALL UPON CONVICTION BE LIABLE TO A FINE PLUS VICTIM FINE SURCHARGE, RECOVERABLE UNDER THE PROVINCIAL OFFENCES ACT.



SCHEDULE "A" TO BY-LAW 44-2022 DOG LICENSE APPLICATION

Please complete and return this form to the municipal office.

Dog Owner Information:

Dog Owner Name: _____

Property Owner Name (if different than dog owner): _____

Property Address: _____

Mailing Address: _____

E-mail: _____ Phone Number: _____

1st Dog Information:

☐ Male ☐ Female Fixed: ☐ Yes ☐ No Rabies Vaccination: ☐ Yes ☐ No

Dog Name: _____ Year of Birth: _____ Veterinary Clinic: _____

Breed: _____ Colour: _____ Temperament: _____

2nd Dog Information:

☐ Male ☐ Female Fixed: ☐ Yes ☐ No Rabies Vaccination: ☐ Yes ☐ No

Dog Name: _____ Year of Birth: _____ Veterinary Clinic: _____

Breed: _____ Colour: _____ Temperament: _____

3rd Dog Information:

☐ Male ☐ Female Fixed: ☐ Yes ☐ No Rabies Vaccination: ☐ Yes ☐ No

Dog Name: _____ Year of Birth: _____ Veterinary Clinic: _____

Breed: _____ Colour: _____ Temperament: _____

For Municipality Use Only:

Tag No. Issued: _____ Tag No. Issued: _____ Tag No. Issued: _____

I hereby verify that the information provided herein is true and correct and that my dog(s) have an up-to-date rabies vaccination. By signing this application, I agree to conform to all Municipal By-laws and understand failing to do so may result in fines.

Furthermore, I release my personal information and consent that I may be contacted by the Municipality of Thames Centre and or an approved 3rd party contractor.

Signature: _____

Date: _____

Personal information contained on this form is collected pursuant to *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of Dog Licensing and Canine Control. Questions about this collection should be directed to the FOI Coordinator, The Corporation of Municipality of Thames Centre at 4305 Hamilton Rd, Dorchester, ON N0L 1G3