



The Town of Borden-Carleton



Dog License

Tag No.

Year

Name of Owner: _____

Address: _____

Name of Dog: _____

Markings: _____

Age: _____ Male/Female: _____

Please Check One:

<input type="checkbox"/>	Boxer
<input type="checkbox"/>	Collie
<input type="checkbox"/>	Hound
<input type="checkbox"/>	Mongrel
<input type="checkbox"/>	Police
<input type="checkbox"/>	Poodle
<input type="checkbox"/>	Setter
<input type="checkbox"/>	Shepherd
<input type="checkbox"/>	Spaniel
<input type="checkbox"/>	Scottie
<input type="checkbox"/>	Terrier
<input type="checkbox"/>	Other:

Please Check One:

<input type="checkbox"/>	White
<input type="checkbox"/>	Black
<input type="checkbox"/>	Brown
<input type="checkbox"/>	Red
<input type="checkbox"/>	Tan
<input type="checkbox"/>	Other:

License fees received this _____ day of _____, 20_____

Collected by: _____ Receipt ID _____