

Town of Luseland Dog License Application

Owner:

Name: _____

Street Address: _____

Dog:

Male _____ Female _____

Spayed/Neutered: Y/N _____

Immunization up-to-date: Y/N _____ Date: _____

Breed: _____

Description of Dog: (Name, Colour, Age, Size)

IT IS AN OFFENCE TO GIVE IMPROPER INFORMATION WITH RESPECT TO
THE DOG FOR WHICH THE LICENSE IS OBTAINED.

Owner Signature:

License #: _____