



FORT NELSON FIRST NATION APPLICATION FOR DOG LICENCE
Pursuant to FNFN Animal Control By-Law BL-RSV-001-000

1. Applicant Name: _____

2. Applicant Address: _____

3. Applicant Phone Number: _____

4. Description of Dog

Breed: _____

Dog's Name: _____

Color: _____

Weight: _____

Sex: _____

Age: _____

5. Number of Animals in the Household: _____

6. Rabies Immunization Record

Date of Immunization: _____

Veterinarian: _____

Vaccine Manufacturer: _____

Batch Number: _____

7. Fee: \$25 annually per animal

8. Identification must be attached to the animal's collar or harness at all times when in public spaces and must be purchased annually expiring one full year from the date of issuance.

9. Acknowledgement

I herewith submit the sum of \$25 in payment of license fee in the form of and acknowledge that the information provided herein is true to the best of my knowledge. Submission of information that is found to be false or misleading may result in the nullification of this license.

Name: _____

Signature: _____

Date: _____

For internal use only:

Identification Tag # _____

Date Issued: _____

Expiry Date: _____

File Number: _____

Payment received by:

Cash

Credit

Debit