

VILLAGE OF ACME

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DOG LICENSE INFORMATION

In order to purchase / renew your animal license, the following information must be provided for our records. This information is collected under the Alberta Freedom of Information and Protection of Privacy Act and is the sole property of the Village of Acme to be used for the purposes of upholding the Animal Control Bylaw.

*Section 6.1 of the Animal Control Bylaw

6.1 The Owner of an Animal shall:

6.1.1 ensure that the Animal is not running at large.

6.1.2 ensure that the Animal, when not on the Owner's property, is leashed and under the control of a competent person; and

6.1.3 ensure that when an Animal defecates on any public or private property other than the property of the Owner, the feces shall immediately be removed and properly disposed of in a garbage receptacle.

OWNER INFORMATION

Owner's Name: _____ Street Address: _____

Cell Phone #: _____ Home Phone #: _____

Email Address: _____ Rent/Own Property: _____

FIRST DOG	Dog Tag Number: _____	Date Purchased: _____
Dog tags are permanent.		
Dog's Name: _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age: _____ Colour(s): _____		
Breed(s): _____ (If unsure, list what breed the dog looks like)		
Tattoo(s): _____ Microchip: _____ (If applicable)		
Approximate Height: _____ Approximate Weight: _____		
Rabies Shot: <input type="checkbox"/> Yes <input type="checkbox"/> No Year Shot Taken: _____ Year Shot Expires: _____		
*Not applicable if dog's age exceeds 10 years		

SECOND DOG	Dog Tag Number: _____	Date Purchased: _____
Dog tags are permanent.		
Dog's Name: _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age: _____ Colour(s): _____		
Breed(s): _____ <i>(If unsure, list what breed the dog looks like)</i>		
Tattoo(s): _____ Microchip: _____ <i>(If applicable)</i>		
Approximate Height: _____ Approximate Weight: _____		
Rabies Shot: <input type="checkbox"/> Yes <input type="checkbox"/> No Year Shot Taken: _____ Year Shot Expires: _____		
<i>*Not applicable if dog's age exceeds 10 years</i>		

THIRD DOG	Dog Tag Number: _____	Date Purchased: _____
Dog tags are permanent.		
Dog's Name: _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age: _____ Colour(s): _____		
Breed(s): _____ <i>(If unsure, list what breed the dog looks like)</i>		
Tattoo(s): _____ Microchip: _____ <i>(If applicable)</i>		
Approximate Height: _____ Approximate Weight: _____		
Rabies Shot: <input type="checkbox"/> Yes <input type="checkbox"/> No Year Shot Taken: _____ Year Shot Expires: _____		
<i>*Not applicable if dog's age exceeds 10 years</i>		

By signing this form, I acknowledge and understand that it is my responsibility as a pet owner to ensure that:

1. My animal(s) is/are not running at large.
2. My animal(s), when not on my property, is/are leashed and under the control of a competent person; and
3. I am responsible for cleaning up and properly disposing of feces after my animal(s) defecates on any public or private property.

X _____
Signature of Registered Owner

Date Signed