

DOG TAG LICENCE

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| TAG # | |
| YEAR | |

TOWNSHIP OF LANARK HIGHLANDS

Name of Owner: _____ Address: _____

Telephone: _____

Pet Name: _____ Markings: _____

Breed: _____ Age: _____

Colour: _____ Male Female

LICENCE FEE OF _____ DOLLARS RECEIVED THIS _____ DAY OF _____ 20____
