



**The Town of Smoky Lake
Application for Registration of Dog**

Date of Application: _____

- Application Year: _____
- Change of Information

Owner Information

Owners Name: _____

Mailing Address: _____

Street Address: _____

Phone Number: (Home) _____

(Cell) _____

Dog Information

Name of Dog: _____

Breed of Dog: _____

Color: _____

Special Markings: _____

Sex: Male Neutered

Female Spayed

Tag Number: _____

Fee Charged: _____

I have been given a copy of the Bylaw #001-14 as well as a tag and I agree to obey all the rules and regulations in the Bylaw #001-14.

Date: _____ Signature: _____

**Licenses must be renewed annually and are effective from
January 01 to December 31**