

SCHEDULE NO. 1
BYLAW NO. 2/2013

TOWN OF WAWOTA

Dog/Cat License

OWNER INFORMATION

OWNER'S NAME _____
(Last, First, Middle)

Date of Birth _____

Telephone Number _____

Address _____, Wawota SK S0G 5A0
(Street)

Mailing Address _____, _____, _____
(Box No.) (Town, City) (Prov.) (Postal Code)

ANIMAL INFORMATION

NAME OF DOG/CAT _____ AGE _____

DESCRIPTION _____
(Breed, Gender)

TATTOO NO. _____ MICRO CHIP NO. _____
(If Applicable) (If Applicable)

VALID FROM DATE OF LICENSING

ADMINISTRATOR

DATE