Dog Licence Form



the City of St. Catharines.

*The late fee will be applied if renewing 30 days or more after the expiry of the current licence.

To obtain additional forms you can go online to stcatharines.docupet.com/offline or email us at info@stcatharines.docupet.com. This form can either be mailed to the City of St. Catharines or brought in by person to the participating locations.

Address & Contact Information

First Name				Last Name			
Email Address (required f	or online account	t)					
Street Number	Street Name	Street Name and City					
Unit or Apartment	Postal Code		Telephone			Cellphone	
Pet Informatio	on						
Dog's Name			Dog's Breed			Dog's DOB (YYYY/MM/DD)	
Gender		Spayed/Neutered	Microchippe	Microchipped If yes, pro-		e microchip number	
○ Male ○ Female		○ Yes ○ No	○ Yes	○ No			
Colour		Veterinary Clinic	Tag Type Small (22.5mm x		ım x 25mı	m) Clarge (30mm x 33.2mm)	
Licence Type							
○ Fertile- post expiry late fee \$78.90 ○ Spayed/Neutered - post expiry late fee \$52.50							
Additional Pet	<u>.</u>						
Dog's Name			Dog's Breed			Dog's DOB (YYYY/MM/DD)	
Gender		Spayed/Neutered	Microchipped	d	If yes, provide	e microchip number	
○ Male ○ I	Female	○ Yes ○ No	○ Yes	\bigcirc No			
Colour		Veterinary Clinic		Tag Type Small (22.5m	ım x 25mı	m)	
Licence Type							
○ Fertile- post o	ee \$78.90	○ Spayed/Neutered - post expiry late fee \$52.50					
Payment							
Payment Type by Mail				Payment Type in Person			
○ Cheque (ALL NSF CHEQUES ARE SUBJECT TO AN ADMINISTRATIVE FEE) ○ Cash ○ Debi						it \bigcirc Cheque \bigcirc VISA \bigcirc MasterCard	
					Sum Received	d	
Should you require further information, please contact The City of St. Cathari 905-688-5600 or email citizensfirst@stcatharines.ca or contact DocuPet at 1				IΨ			
including (but not limit MFIPPA, the Personal legislation. The person Corporation of the Cit accordance with the B who are responsible for your consent, the pers purposes such as a rev	ted to) your nai Information Properties of St. Cathari y of St. Cathari y-Law, being a proper registering propersional informatic yards program	the Municipal Freedom of Information me, address, and contact information, rotection and Electronic Documents A you provide is collected through a we ines (the "City") and will be used by Ci By-Law to Regulate Dogs. Your person you entered to register your pet, m they offer and for lost and found not nal information collected shall be directed.	is collected a act (PIPEDA), absite hosted ty staff for the onal informatallate Dogs. O lay be used b fications. Qu	and will be used in accord and all other relevant pr by DocuPet on behalf of he registration of your pe- ion may also be used by nce the registration is co by DocuPet for non-municestions regarding the col-	dance with rivacy f the et in third parties emplete, with icipal llection, use,	Where do I mail this form? The City of St. Catharines 50 Church St PO Box 3012 St Catharines ON L2R 7C2 Who do I make a cheque out to? Please make cheques payable to	

disclosure, and disposal of the personal information collected shall be directed to: City of St. Catharines, 50 Church Street, PO Box 3012, St. Catharines, ON, L2R 7C2, by e-mailing citizensfirst@stcatharines.ca or by calling (905) 688-5600.

Signature:

Date: