

Box 340, 100 Mile House BC, V0K 2E0 Ph: 250-395-2434 / Fax: 250-395-3625 Email: info@100milehouse.com

DOG LICENSE APPLICATION

[☐ New License	☐ Replacement License	
License No		Date	
l,			, of
,	(Na	me Please Print)	
	(Str	eet Address)	
	(Ma	iling Address)	
Hereby make app	lication for a Dog Lic	cense for the following:	
Name of Pet:			
☐ Male	☐ Female		
☐ Neutered	☐ Spayed		
☐ Unneutered	☐ Unspayed		
Breed			
		conditions of "District of 100 Mile House Anima w No. 1131, 2008" and amendments thereto.	al
		Signature of Applicant	
		Telephone No.	

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