



DISTRICT OF  
**100 Mile House**

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 \_\_\_\_\_

I, \_\_\_\_\_, of  
(Name Please Print)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

Hereby make application for a Dog License for the following:

Name of Pet: \_\_\_\_\_

Male

Female

Neutered

Spayed

Unneutered

Unspayed

Breed \_\_\_\_\_

Color \_\_\_\_\_

Markings \_\_\_\_\_

I agree to comply with the terms and conditions of **“District of 100 Mile House Animal Control and Pound Operation Bylaw No. 1131, 2008”** and amendments thereto.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Telephone No.

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The information collected on this form will be managed, used and disclosed in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*.