



Certificate of Dog/Cat Licence Town of Paradise

Date: _____

Dog/Cat Tag Number: _____

Name of Owner: _____

Address: _____

Home Phone #: _____ Cell #: _____

Name of Cat: _____

Name of Dog: _____

Breed: _____ Color: _____

Age: _____ Yrs/Mts Gender: _____

Additional information: _____

Signature: _____

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to meo@paradise.ca