



## **Certificate of Dog/Cat Licence Town of Paradise**

Date: \_\_\_\_\_

Dog/Cat Tag Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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](mailto:meo@paradise.ca)