



Dog License Application

Bylaw 2004-01 Companion Animal Control Bylaw

Name:	
Address:	
Phone Work:	Home:
Dogs Name:	
Breed:	Age:
Colour:	
Sex:	
Neutered/spayed:	
Number of Dogs:	
License Number:	Date:

Town of Georgetown
PO Box 89
36 Kent Street
Georgetown PE
COA 1L0