

MUNICIPAL DISTRICT OF PEACE NO. 135



DOG TAG APPLICATION FORM

OWNER INFORMATION

Date: _____

Name: _____ Phone Number: _____

Street Address: _____

Mailing Address: _____

DOG INFORMATION

Name: _____ Male Female

Tattoo Code: _____ Chip: Yes No

Spayed/Neutered: _____

Description:
(Age, Colouring, Hair Length, Breed, Distinguishing Markings, other tags)

OFFICE USE:

Tag No.:	Year:	Impounded (date):	Receipt No.:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The personal information that you provide to the MD of Peace is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act - Section 33(c). The information will be used for the purpose of contacting pet owners as required. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act and can be reviewed upon request subject to the provisions under the Act. Questions regarding the collection of personal information on this form can be directed to the CAO at 780-338-3845.