

## City of Coquitlam **Application for Dog Licence**

**Bylaw Enforcement & Animal Services** 

500 Mariner Way, Coquitlam, BC V3K 3B7 Phone: 604-927-7387 Fax: 604-927-7388

animalshelter@coquitlam.ca

Instructions: Please answer	r all questions on the form.			
Date:				
Part 1 – Applicant's I	Information			
Name:				
			Postal Code:	
Phone:	Cell:		Email:	
New resident to Coquitle	am? 🗖 Yes Move Date	<b>:</b>		□No
Part 2 – Dog Informa	ation			
Ture 2 Dog miorine				
Dog Name:		Cole	our:	
Sex: (check one)	ale	ered	☐ Female/Spayed	
Breed:				
Tattoo and/or Micro-chi	p Number:			
Is this dog new to your f	family? 🔲 Yes Date o	dog added to family: _		□ No
Requested by Bylaw Off	icer?			
If your dog is lost, do we	have your consent to give	e your name and phone	e number to the finder? 🔲 Ye	es 🔲 No
Part 3 – Fees				
Please check the licence	fee that applies:			
	Before February 1st	After February 1st		
Spayed or Neutered	<b>\$</b> 31	<b>□</b> \$49		
Unaltered	<b>□</b> \$63	<b>\$</b> 81		

After February 1<sup>st</sup>, if you have acquired your dog or moved into the City of Coquitlam in the last 30 days, or your puppy has reached 6 months of age, your fee will be reduced by \$18.00. Please include Spay/Neuter certificate with application OR please supply name of Veterinary Hospital so spaying/neutering can be verified.

Personal information collected on this form is done so under the authority of the Freedom of Information and Protection of Privacy Act (the Act). Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected or for a use consistent with that purpose unless you expressly consent otherwise.