



Mirror Dog Tag License

Tag # _____
Date _____
Fee _____

Owner Information

Name of Owner _____
Mailing Address _____
Physical Address _____
Phone Number _____

Pet Information

Name of Pet _____
Breed _____
Markings _____
Age _____

Sex M F

Spayed/Neutered Y N

Microchip/Tattoo # _____

Additional Pet Information (ex: deaf, blind, aggressive)

The information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to provide Dog License services to the subscriber(s) named in this agreement. If you have any questions regarding the collection, use, or disclosure of this information, please contact the Lacombe County Finance Manager at Lacombe County, RR 3, Lacombe, AB, T4L 2N3, or 403-782-6601.