



TOWN OF STRATFORD

234 Shakespeare Drive, Stratford, PE C1B 2V8 Phone: 569-1995



Date: _____

Owners Name: _____			Home Phone: _____		
Address:			Second Phone: _____		
_____			Email Address: _____		
Street	City	Province	Postal Code		
1. Dogs Name:	Color:	Breed:	Male: <input type="checkbox"/>	Spayed / Neutered	Tag #
			Female: <input type="checkbox"/>	Yes <input type="checkbox"/> \$15.00 No <input type="checkbox"/> \$25.00	
2. Dogs Name:	Color:	Breed:	Male: <input type="checkbox"/>	Spayed / Neutered	Tag #
			Female: <input type="checkbox"/>	Yes <input type="checkbox"/> \$15.00 No <input type="checkbox"/> \$25.00	
3. Dogs Name:	Color:	Breed:	Male: <input type="checkbox"/>	Spayed / Neutered	Tag #
			Female: <input type="checkbox"/>	Yes <input type="checkbox"/> \$15.00 No <input type="checkbox"/> \$25.00	
Kennel License – A Kennel License is required if an establishment has more than two dogs for the purpose of breeding and/or boarding and includes a pet store. A license (tag) for each dog is required in addition to the Kennel License.				Kennel License \$30.00 <input type="checkbox"/>	
Additional Notes:			Total Costs:		
_____			_____		
Once you've reviewed all the information on this form for accuracy, please sign.					
Owners Signature: _____			Town Officials Signature: _____		

This License is in effect from June 1 to May 31 each year.