




Township of Perth East

2020 DOG TAG CAMPAIGN

It's easy, and it's the law!



 Every dog owner within the Township of Perth East is required to obtain a dog license/tag before February 29, 2020 or within 15 days of becoming a dog owner.

Dog Tags can be purchased at the Township Office or at one of the following locations:

Milverton-Wellesley Vet Clinic

93 Main St. N., Milverton
519-595-4911

Pauly Vet Clinic

62 Main St. S, Milverton
519-595-8888

Split Rail

4304 Perth Rd 119,
Stratford
519-273-1881

Leis Feed and Supply

410 Main St. S, Milverton
519-595-2048



NUMBER OF DOGS: No person shall own, harbour or keep any more than **two** dogs on one property in the Township.



Restraint: All dogs must be **leashed or under control** when not on the owner's property. If a dog strays, it may be impounded at the owner's expense for "*Running at Large*".

If purchased before February 29th, 2020

1st dog spayed/neutered = \$21.05
1st dog **not** spayed/ neutered = \$26.85
2nd dog spayed/neutered = \$26.85
2nd dog **not** spayed/neutered = \$33.35

Price Increase after March 1st, 2020

1st dog spayed/neutered = \$24.65
1st dog **not** spayed/ neutered = \$30.90
2nd dog spayed/neutered = \$30.90
2nd dog **not** spayed/neutered = \$36.80

For Canine Control contact Stratford Perth Humane Society at 519-273-6600 (Dogs running at large and found dogs)

Please take the complete application form and payment to the Township Office or one of the participating vendors

ALL INFORMATION MUST BE COMPLETED IN FULL (Please print)

Dog Owners Name: _____ (if tenant, property owners name) _____

Address: _____ **Ward:** _____

Telephone: Home () _____ - _____ Cell () _____ - _____ **Email:** _____

Name of Dog(s)	Male/ Female	Neutered/ Spayed	Breed	Age	Colour/ Markings	Tag #	Fee
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					

OFFICE USE ONLY

Payment: Cheque / Cash / Debit (circle one)

Customer ID: _____ **Document Number:** _____ **Payment Total Amount:** \$ _____