

**Appendix “E”**

**Bylaw # 121-2012**

**APPLICATION TO REGISTER AN ANIMAL IN THE VILLAGE OF HARRIS**

1. Name of Dog Owner: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Box \_\_\_\_\_ Street Address \_\_\_\_\_  
\_\_\_\_\_  
Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
\_\_\_\_\_  
Phone – home \_\_\_\_\_ Phone - work \_\_\_\_\_
3. Description of Dog:  
Breed: \_\_\_\_\_  
Distinct Markings: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed or Neutered Yes \_\_\_\_\_ No \_\_\_\_\_  
Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
Working Guide Dog? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has this dog been declared a dangerous dog by any jurisdiction?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Liability Insurance:  
Name of Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Proof of Insurance provided to Village Office?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount: \_\_\_\_\_  
Policy Date: \_\_\_\_\_  
Provision in Policy for Notification of Cancellation /Expiry/Termination  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount of License Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Spayed/Neutered - \$10.00 Intact - \$20.00 Deemed Dangerous - \$200.00

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Signature of Applicant

**FOR OFFICE USE ONLY**

DATE LICENSE ISSUED: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

PROOF OF INSURANCE POLICY RECEIVED? YES **G** NO **G** DATE REC'D \_\_\_\_\_