



**Tzeachten Lands Office**  
 #29 – 6014 Vedder Road  
 Chilliwack, BC V2R 5M4  
 604-846-4888  
[Samantha@tzeachten.ca](mailto:Samantha@tzeachten.ca)

**Fraser Valley Regional District**  
 45940 Cheam Ave  
 Chilliwack, BC V2P 1N6  
 604-702-5000 / 1-800-528-0061  
[info@fvrd.bc.ca](mailto:info@fvrd.bc.ca)

**Animal Control Facility**  
 44820A Wolfe Road  
 Chilliwack, BC V2P 8A8  
 604-795-4638  
[animalcontrol@fvrd.bc.ca](mailto:animalcontrol@fvrd.bc.ca)

## DOG LICENCE APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone # \_\_\_\_\_

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Licence Fees (*check all applicable*)

\* Proof of spaying or neutering is required. Please submit a veterinary certificate. If you do not have one, please complete a Verification of Dog being Spayed or Neutered form (see below).

- |                                 |                                    |                                       |   |   |
|---------------------------------|------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Neutered* | <input type="checkbox"/> Hobby Kennel | <input type="checkbox"/> Replacement Tag  | <input type="checkbox"/> Exempt                   |
| <input type="checkbox"/> Female | <input type="checkbox"/> Spayed*   | <input type="checkbox"/> Nuisance Dog | <input type="checkbox"/> License Transfer | <input type="checkbox"/> Dangerous/Aggressive Dog |

**Total Amount Received: \$** \_\_\_\_\_

Chip # _____	Tattoo # _____	Tag # _____
Processed By: _____		
Date: _____		
Receipt # _____		



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## VERIFICATION OF SPAYED/NEUTERED DOG (If applicable)

Please accept this signed statement as verification that my dog \_\_\_\_\_ is spayed / neutered.

I am unable to provide proof by means of a certificate from a veterinarian for the following reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Office use only:	
Tag #: _____	Staff Signature: _____



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**SCHEDULE “A”**  
**DOG LICENSE FEES**

<b>Category</b>	<b>Fee</b>
Dog (each)	\$70.00
Spayed or Neutered Dog (each)	\$12.00
Nuisance Dog (each)	\$ 200.00
Aggressive Dog or Dangerous Dog	\$ 200.00
Breeding Kennel	\$80.00
Licence Transfer	\$5.00
Licence Tag Replacement	\$5.00