

**BY-LAW ENFORCEMENT SERVICES
CAT LICENCE (TAG) APPLICATION
FORM-BYL-106**



Application Process

To apply for one or more cat licences in the Township of King, please complete this form and submit it to the Township of King's By-law Enforcement Services. Completed application forms may be submitted by e-mail to by-law@king.ca, in person at the Township Municipal Offices at 2585 King Road, King City, ON, L7B 1A1, or by mail to the above address. Fees are currently waived for 2019.

The Township of King requires that all cat owners obtain a licence for each cat owned on a property. No more than four (4) cats may be owned and reside at a single property in the Township at the same time. For all rules and responsibilities pertaining to cat ownership in the Township of King, please refer to Animal Control By-law #2016-85 (available on-line at www.king.ca by searching "Animal Control", or in-person at the By-law Enforcement Department at 2585 King Road, King City).

Licence Fees – FEES WAIVED FOR 2019

The following licence fees apply. Please submit payment for all requested licences with your application.

| | |
|--|--|
| New Licence or Renewal | \$20.00 (\$25 after April 15 th) |
| New Licence or Renewal for Seniors (65+) | \$15.00 (\$20 after April 15 th) |
| Replacement Tag | \$10.00 |
| Service Cat | No Charge |

Applicant Information

| | |
|-----------------------------------|--|
| Name | |
| Street Address | |
| Municipality & Postal Code | |
| Contact Phone # | |
| E-Mail Address (optional) | |
| Are you 65 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Cat #1

| | |
|---|---|
| Cat's Name | |
| Breed(s) | |
| Colour(s) | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Rabies Vaccination Expiry Date (YYYY-MM-DD) | |
| Veterinary Clinic Contact Information | Clinic Name _____ Phone # _____ |
| Licence Type (check applicable) | <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement Tag <input type="checkbox"/> Service Cat |
| Cat Tag # (Office Use Only) | |

Cat #2

| | | |
|---|---|-------|
| Cat's Name | | |
| Breed(s) | | |
| Colour(s) | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Rabies Vaccination Expiry Date (YYYY-MM-DD) | | |
| Veterinary Clinic Contact Information | Clinic Name | _____ |
| | Phone # | _____ |
| Licence Type (<i>check applicable</i>) | <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement Tag <input type="checkbox"/> Service Cat | |
| Cat Tag # (<i>Office Use Only</i>) | | |

Cat #3

| | | |
|---|---|-------|
| Cat's Name | | |
| Breed(s) | | |
| Colour(s) | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Rabies Vaccination Expiry Date (YYYY-MM-DD) | | |
| Veterinary Clinic Contact Information | Clinic Name | _____ |
| | Phone # | _____ |
| Licence Type (<i>check applicable</i>) | <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement Tag <input type="checkbox"/> Service Cat | |
| Cat Tag # (<i>Office Use Only</i>) | | |

Cat #4

| | | |
|---|---|-------|
| Cat's Name | | |
| Breed(s) | | |
| Colour(s) | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Rabies Vaccination Expiry Date (YYYY-MM-DD) | | |
| Veterinary Clinic Contact Information | Clinic Name | _____ |
| | Phone # | _____ |
| Licence Type (<i>check applicable</i>) | <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement Tag <input type="checkbox"/> Service Cat | |
| Cat Tag # (<i>Office Use Only</i>) | | |

Declaration and Signature

By signing below, I affirm that all cats listed on this application have received up-to-date rabies vaccinations, subject to verification by the Township of King, if required. I acknowledge that the information on this document will be shared to assist with returning my cat and/or enforcement matters and I affirm that the information submitted in this application is true and complete to the best of my knowledge.

Applicant Signature

Date (YYYY-MM-DD)

Personal information (PI) is collected on this form under the authority of the Municipal Act, s. 11. The purpose of this collection is to administer the cat tag licensing program. The personal information provided on this form is protected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Should you have any questions or concerns regarding the collection of personal information (PI), please contact the Clerks Department, Township of King, 2585 King Road, King City, L7B1A1 (905) 833-5321.