



## 2026 Dog License Application

Please complete form and email to [dogregistration@southgate.ca](mailto:dogregistration@southgate.ca)

Name of Owner(s): \_\_\_\_\_

Full Mailing Address, Including PO Box #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dogs Name	Age	Breed	Colour	Sex (M/F)	Spayed/ Neutered (Y/N)	Rabies Vaccine Information (including Vaccine #, Date, Veterinary Information)

Proof of Rabies Vaccine is required for all applications. If at the time of application, the information is not available, owners may complete the following declaration on the status of the Rabies Vaccination.

I, \_\_\_\_\_, hereby declare that \_\_\_\_\_, has received an up-to-date Rabies vaccination  
(Name) (Dog(s) Name)

dated \_\_\_\_\_ and I will provide this information to the Township of Southgate as soon as possible.  
(date of vaccination)

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date