

SIGNATURE OF APPLICANT

## MUNICIPALITY OF SWAKOPMUND

53 Swakopmund

**NAMIBIA** 

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**DATE** 

## **APPLICATION FOR DOG LICENSE(S)**

| (The By-law relating to the the age of 6 months. Rabie |   |  |                      | requires that all dogs be va | ccinated and licensed at |
|--|---|--|----------------------|------------------------------|--------------------------|
| Ne   | w Application                                   | R  | enewal (On or before | 28 February)                 |                          |
| License (s) are due and                                |   | (1) dogs reach the age<br>(2) acquired a new do<br>(3) become a new resi | g                    |                              |                          |
| Valid certificates from a                              |   |  |                      | and spayed / neutered do     | ogs                      |
| OWNER'S PARTI  | CULARS  |  |                      |                              |                          |
| Name Of Owner:   |   |  |                      |                              |                          |
| Postal Address :                                       |   |  |                      |                              |                          |
| Physical Address:                                      |   |  |                      |                              |                          |
| Email address :  |   |  | Telephone:           | Mobile                       | 9:                       |
| DOG'S PARTICUL   | ARS   |  |                      |                              |                          |
| Name Of Dog :  |   | Sex  | Spayed /             | Neutered                     | _ Age                    |
| Breed :  |   | Colour   |                      | Rabies Vaccination           |                          |
| Name Of Dog :  |   | Sex  | Spayed /             | Neutered                     | _ Age                    |
| Breed :  |   | Colour   |                      | Rabies Vaccination           |                          |
| Name Of Dog :  |   | Sex  | Spayed /             | Neutered                     | _ Age                    |
| Breed :  |   | Colour   |                      | Rabies Vaccination           |                          |
| Name Of Dog :  |   | Sex  | Spayed /             | Neutered                     | Age                      |
| Breed :  |   | Colour   |                      | Rabies Vaccination           |                          |
| DOG TAXES PER  |   |  |                      |                              |                          |
| State Pensioner :<br>(limited to one (1)<br>Dog)       | Sterilized dog :<br>(limited to one (1)<br>dog) | First dog  | Second dog           | Third Dog                    | Fourth Dog               |
| N\$21.32   | N\$21.97  | N\$67.10   | N\$67.10             | N\$201.31                    | N\$335.51                |
| Receipt Numb Remarks                                   | oer:  | PECTIO   |                      | O R T                        |                          |
|  |   |  |                      |                              | , .                      |