

# FORM "A" – BYLAW NO: 08/2019

{SECTION 3(a)}

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## DOG/CAT REGISTRATION FORM

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Name of owner: \_\_\_\_\_

Address (mailing): \_\_\_\_\_

(civic) \_\_\_\_\_

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



\*Pet Tag # \_\_\_\_\_ Pets Name: \_\_\_\_\_

Breed of Dog/Cat: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Registration fee paid \_\_\_\_\_  
(Fee & Receipt #)

\*Pet Tag # \_\_\_\_\_ Pets Name: \_\_\_\_\_

Breed of Dog/Cat: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Registration fee paid \_\_\_\_\_  
(Fee & Receipt #)

\*Pet Tag # \_\_\_\_\_ Pets Name: \_\_\_\_\_

Breed of Dog/Cat: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Registration fee paid \_\_\_\_\_  
(Fee & Receipt #)

### **For restricted dogs only:**

Liability insurance policy of \$500,000 in place    Yes / No    (attached copy)

\$50.00 registration fee paid \_\_\_\_\_  
(Receipt #)

# FORM "C" – BYLAW NO: 08/2019

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## NOTICE OF VIOLATION

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This official notice is issued for a breach of  
Bylaw No.

You may avoid prosecution for this offence by paying to the office of the Administrator, during regular office hours, the penalty stated hereinafter within 30 calendar days of the date served on this notice. Failure to do so will result in prosecution in Provincial Court. Penalty may be remitted to: Town of Radisson, Box 69, Radisson, Sk S0K 3L0

Name of Violator \_\_\_\_\_

Address \_\_\_\_\_

Description of Dog/Cat \_\_\_\_\_

Nature of Violation:

**1.** Failure to comply with Section \_\_\_\_\_, \_\_\_\_\_  
(Bylaw No. \_\_\_\_\_)

☐ First offence, warning

☐ Second offence, \$25.00

☐ Third or subsequent ( \_\_\_\_\_ ) offense, \$50.00

**2.** Failure to comply with Section 12 and 13, Dangerous Dogs and Restricted Dogs  
(Bylaw No. \_\_\_\_\_)

☐ \$ \_\_\_\_\_, not to exceed \$10, 000

Location of Violation \_\_\_\_\_

Date of Violation \_\_\_\_\_

Date Served \_\_\_\_\_

Served By \_\_\_\_\_

Witness to Server's Signature \_\_\_\_\_

# FORM “D” – BYLAW NO: 08/2019

## Complaint Form

Name of Dog/Cat Owner \_\_\_\_\_

Description of Dog/Cat \_\_\_\_\_

Nature of Complaint:

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Location of Violation \_\_\_\_\_

Date of Violation \_\_\_\_\_

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date Received