



RM of De Salaberry

DOG LICENSE APPLICATION

Owner Information:

REQUIRED	Last Name:		First Name:		Initial :	
	Mailing Address:			Civic Address:		
	City:		Province:		Postal Code:	
	Home Phone:		Work Phone:		Cell Phone:	

Dog Information:

REQUIRED	Dog's Name:		Breed:			
	Date of Birth:		Rabies Vaccination Date:		Rabies Expiry Date:	
	Sex: <input type="radio"/> Male <input type="radio"/> Female			Spayed/Neutered: <input type="radio"/> Yes <input type="radio"/> No		
	Dominant Color:		Second Color:		Third Color:	
	Does Dog take Regular Medication? <input type="radio"/> Yes <input type="radio"/> No			Name of Veterinary Clinic:		
	Tattoo Number:		Location:		Micro-Chip Number:	

Dog Owners Signature:	Date:
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Amount Paid:

License/ Tag Number:	Receipt Number:
Date Processed:	Processed by: