



DOG LICENSE APPLICATION

Owner Information:

REQUIRED	Last Name:		First Name:		Initial:	
	Mailing Address: Box			Civic Address (If Different from mailing):		
	City: St. Pierre-Jolys		Province: Manitoba		Postal Code:	
	Home Phone: 204-		Work Phone: 204-		Cell Phone: 204-	

Dog Information:

REQUIRED	Dog's Name:					
	Date of Birth:		Rabies Vaccination Date:		Rabies Expiry Date:	
	Sex:			Spayed / Neutered:		
	Pure Bred:			Breed:		
	Dominant Color:		Second Color:		Third Color:	
	Does Dog take Regular Medication?			Name of Veterinary Clinic:		
	Tattoo Number:		Location:		Micro-Chip Number:	
	Copy of vaccination certificate given: Yes No		Current photo of dog given: Yes No			

Dog Owner's Signature:	Date:
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Amount Paid:

Office Use Only

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

