

1. OWNER INFORMATION

NAME		FIRST NAME	
ADDRESS (NUMBER, STREET)			CITY
PROVINCE	POSTAL CODE	YOUR BIRTH DATE	
HOME PHONE	CELLPHONE/OFFICE	E-MAIL	

2. ANIMAL INFORMATION

NAME _____

BREED _____

GENDER FEMALE MALE

BIRTHDAY _____ / _____ / _____
DAY MONTH YEAR

AGE _____

WEIGHT < 20kg (44.1lbs) >20kg (44.1lbs)

ADOPTION LOCATION _____

PROOF OF UP-TO-DATE RABIES VACCINE ATTACHED

SPAYED/NEUTERED YES NO

MICROCHIP YES NO
 # _____

NAMES OF MUNICIPALITIES WHERE THE DOG HAS BEEN PREVIOUSLY REGISTERED _____

DOG HAS BITTEN OR ATTACKED A PERSON OR DOMESTIC ANIMAL AND CAUSED AN INJURY TO THAT PERSON OR ANIMAL NO YES REPORT ATTACHED

DOG DECLARED POTENTIALLY DANGEROUS BY A VETERINARIAN, MUNICIPALITY, OR OTHER AUTHORITY NO YES REPORT ATTACHED

SECTION FILLED IN BY THE MUNICIPALITY	
TAG NUMBER :	

3. EMERGENCY CONTACT INFORMATION

NAME		FIRST NAME	
ADDRESS (NUMBER, STREET)			
CITY		PROVINCE	POSTAL CODE
HOME PHONE	CELLPHONE/OFFICE	E-MAIL	

5. DECLARATION

All the information in this application is accurate.

The registration of a dog in a municipality is valid as long as the dog and its owner or guardian remain the same. The owner or guardian of a dog shall inform the municipality in which the dog is registered of any change in the information provided on this form.

A dog must wear the tag issued by the municipality in order to be identifiable at all times. Any false declaration could result in legal proceedings.

Signature : _____ Date : _____

(DD/MM/YYYY)

Please provide a photo of your dog

SECTION TO BE FILLED IN BY MUNICIPALITY

Employee :

Signature :

Date : _____

DD/MM/YYYY