

MUNICIPAL ANIMAL SERVICES

2020

DOG TAGS

A. OWNER'S INFORMATION * (Required in case your dog is lost)			
FIRST NAME		LAST NAME	
STREET ADDRESS		APT	POSTAL CODE
MUNICIPALITY		<input type="radio"/> TOWN OF COBOURG <input type="radio"/> MUNICIPALITY OF PORT HOPE <input type="radio"/> HAMILTON TOWNSHIP <input type="radio"/> ALNWICK/HALDIMAND TOWNSHIP	
TELEPHONE NUMBER		CELL/ALTERNATE	
B. DOG INFORMATION			
1) DOG'S NAME		BREED	
MALE <input type="radio"/>	SPAYED or NEUTERED	AGE	COLOUR AND/OR MARKINGS
FEMALE <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO		
CURRENT RABIES VACCINATION		HAS A "ORDER TO RESTRAIN" OR "MUZZLE ORDER" EVER BEEN ISSUED	
<input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> NO	
2) DOG'S NAME		BREED	
MALE <input type="radio"/>	SPAYED or NEUTERED	AGE	COLOUR AND/OR MARKINGS
FEMALE <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO		
CURRENT RABIES VACCINATION		HAS A "ORDER TO RESTRAIN" OR "MUZZLE ORDER" EVER BEEN ISSUED	
<input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> NO	
3) DOG'S NAME		BREED	
MALE <input type="radio"/>	SPAYED or NEUTERED	AGE	COLOUR AND/OR MARKINGS
FEMALE <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO		
CURRENT RABIES VACCINATION		HAS A "ORDER TO RESTRAIN" OR "MUZZLE ORDER" EVER BEEN ISSUED	
<input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> NO	
C. FEES			
		REGULAR FEE (JAN 1 / 20 – Dec 31 / 20) <input type="radio"/> \$20 Fixed <input type="radio"/> \$35 Natural	TAG NUMBER (S)
FEES PAID BY <input type="radio"/> Cash		FEES PAID \$ _____	1)
Debit <input type="radio"/> CHEQUE <input type="radio"/>			2)
			3)
D. DECLARATION OF OWNER			
I certify that the information given on this form is, to the best of my knowledge, true, correct and complete in every way.			
_____		_____	
Date		Signature of applicant	