

RURAL MUNICIPALITY OF MOUNTAIN DOG REGISTRATION FORM



FOR OFFICE USE

LICENSE NO: _____

DATE: _____

OWNERS NAME: _____

CIVIC ADDRESS: _____

MAILING ADDRESS:

LEGAL DESCRIPTION: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DESCRIPTION OF DOG

NAME: _____ COLOUR: _____

AGE: _____ BREED: _____

DISTINGUISHING MARKS:

MALE FEMALE NEUTERED SPAYED

WEIGHT: _____ HEIGHT: _____

VACCINATED APPROXIMATE DATE: _____

REGISTRATION FEE PAID:

2019 _____ 2020 _____ 2021 _____ 2022 _____ 2023 _____ 2024 _____ 2025 _____
2026 _____ 2027 _____ 2028 _____ 2029 _____ 2030 _____

Receipt No:
