

RM OF STANLEY DOG LICENCE APPLICATION

TAG NO: _____YEAR ISSUED: _____

Owner Information								
Name of Owner								
Mailing Address								
Civic Address								
Email Address								
Phone #			RO	LL#				
Description of Anir	nal							
Year of Birth				Male Neutered				Female Spayed
Name of Dog				rtoutorou				Opayou
Breed			Tat	too				
Onlaws			N 4 -	-1-1	(Nı	(Number and from where?)		
Colour			Ma	rkings				
Current Rabies		Yes	Co			Yes		
Vaccine		No	Atta	ached		No		
Release of Information I authorize the RM of Stanley to release this information to the Morden Veterinary Clinic to enable them to contact me if/when my dog is impounded:								
Signed:					_ Date:			
Change Notices - Cone Dog Tag will be is sale of the dog.		Only o each dog but the owners	s nee	d to commu	nica	te any ch	nange	es, such as a move or

'Responsibility of Dog Owners' sheet given to owner?□