

DOG TAG REGISTRATION FORM

Town of Penetanguishene
Box 5009, 10 Robert Street West
Penetanguishene, Ontario L9M 2G2

Penetanguishene, Ontario L9M 2G2 Phone (705) 549-7453 Fax (705) 549-3743

NAME OF OWNER:			
EMAIL ADDRESS:			
MAILING ADDRESS:	POSTAL		
STREET ADDRESS:	CODE:		
TELEPHONE NO:			
NAME OF DOG:			
AGE OF DOG:			
DESCRIPTIVE MARKING)\$:		
*Mixed breeds check AMERICAN ESKIMO ALASKAN MALAMUTE BASSET HOUND BEAGLE BLUE HEALER BORDER COLLIE BRITTANY SPANIEL BULLDOG Other breed Colour (please check all the	CHESAPEAKE DACHSHUND DALMATIAN DOBERMAN PINSCHER GERMAN POINTER GERMAN SHEPHERD GOLDEN RETRIEVER HUSKY	IRISH SETTER IRISH WOLF HOUND JACK RUSSELL TERRIER LAB.RETRIEVER LHASA APSO MALTESE POODLE PITBULL PUG D GREY RED	ROTTWEILER SAMOYED SCHNAUZER SHELTIE COLLIE SHIH TZU SPRINGER SPANIEL TOY TERRIER WHEATON TAN WHITE
MALE]NEUTERED	FEMALE	SPAYED
OWNER'S SIGNATURE:			
DATE:			
Attached is a current certificate signed by a practicing veterinarian that the dog has been been inoculated with an anti-rabies vaccination.			
Office Use Only			
Receipt Number :		Tag #:	

Information contained on this form is collected under the authority of the Town of Penetanguishene By-Law No. 2011-51, as amended and will be used to aid in the return of your pet. Personal information collected will be managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act.