



Dog Tag Registration Form

Owner Information

Name: _____
Email Address: _____
Mailing Address: _____
Phone Number: _____
How many dogs do you have: _____

Dog Information

Name: _____
Is this a Service dog: _____
Age of Dog: _____
Breed of Dog: _____
Colour: _____
Sex: _____
Descriptive Markings: _____
Neutered/Spayed: _____

Vaccine Information

Date of Rabies shot: _____
Years Rabies shot is good for: _____
Due date of next Rabies shot: _____
Is the dog Microchipped: _____

Attached is a current certificate signed by a practicing veterinarian that the dog has been inoculated with an anti-rabies vaccination.

Owner's Signature: _____
Date: _____

Office use Only

Receipt Number: _____ Tag Number: _____