



## 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: \_\_\_\_\_