



Dog Registration Form City of Corner Brook

NEW

RENEWAL Only complete owner names and pet name. If any information has changed, fill in the new information.

APPLICANT INFORMATION

Owner Name(s) 1. _____ 2. _____

Street Address _____

City _____ Postal Code _____

Mailing Address

Same as Above **or:** Mailing Address _____

City _____ Postal Code _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____

DOG INFORMATION

Name _____ Date of Birth _____

Breed _____ Color _____

Special Markings _____

Male

Female

Size

Small

Medium

Large

Spayed/Neutered

Yes

No

Veterinary: _____

Identity Markings:

Microchip # _____

Tattoo # _____ Tattoo Location _____

Dangerous to people

Yes

No

Dangerous to animals

Yes

No

LICENSE INFORMATION

Receipt # _____ Tag # _____

Issue Date _____ Issue Location _____

SIGNATURE OF ISSUER

DATE: (yyyy/mm/dd)