



DOG REGISTRATION FORM

Dog tag number: _____

IDENTIFICATION OF DOG OWNER OR KEEPER		
Last Name	First Name	
Address	City	Postal Code
Telephone	Cellular	
Name of applicant	First Name	
Address	City	Postal Code
Telephone	Cellular	
Email address		

IDENTIFICATION OF DOG	
Breed:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Color:	Year of birth:
Weight: <input type="checkbox"/> 20 kg or less <input type="checkbox"/> 20 kg or more	Up-to-date rabies vaccination status:
Microchipped: <input type="checkbox"/> yes <input type="checkbox"/> no	Spayed or neutered : <input type="checkbox"/> yes <input type="checkbox"/> no

Indicate, if applicable, the names of the municipalities where the dog has already been registered and any decision regarding the dog made by a local municipality under the by-law implementing the Act to promote the protection of persons by establishing a framework for dogs (RLRQ, c P-38.002) or a municipal by-law concerning dogs:

Or check if not applicable:

Signature :	Signature :
Date :	Date :



2811, route 327, Harrington (QC) J8G 2T1
Téléphone : 819-687-2122 poste 1 / Télécopieur 819-687-8610
Site Internet : www.harrington.ca