



Record of Dog Tag Information – SEBBS

DOG OWNER INFORMATION

DATE:

| | |
|---|--|
| First Name: | Last Name: |
| Municipality: | Phone #: |
| Eligible for Seniors Discount (65 yrs and over) Yes <input type="checkbox"/> No <input type="checkbox"/> | Email: |
| Civic Address: | Owner <input type="checkbox"/> Tenant <input type="checkbox"/> |

I _____ hereby give consent to the Municipality to input the information on this form into a dog license database and/or to share information on the dog tag to aid in the return of my dog. Please sign here if you agree with the above statement. _____.

DOG(S) INFORMATION

| Dog 1 | | Dog 2 | | Dog 3 | |
|-----------------------|--|-----------------------|--|-----------------------|--|
| Name: | | Name: | | Name: | |
| Breed: | | Breed: | | Breed: | |
| Colour: | | Colour: | | Colour: | |
| Distinctive Markings: | | Distinctive Markings: | | Distinctive Markings: | |
| Birth year: | | Birth year: | | Birth year: | |
| Sex: | | Sex: | | Sex: | |
| Length of License | | Length of License | | Length of License | |
| 1 year | | 1 year | | 1 year | |
| 3 year | | 3 year | | 3 year | |
| 5 year | | 5 year | | 5 year | |
| Lifetime | | Lifetime | | Lifetime | |
| Guardian/Service Dog | Yes <input type="checkbox"/> No <input type="checkbox"/> | Guardian/Service Dog | Yes <input type="checkbox"/> No <input type="checkbox"/> | Guardian/Service Dog | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Rabies Vaccination | Yes <input type="checkbox"/> No <input type="checkbox"/> | Rabies Vaccination | Yes <input type="checkbox"/> No <input type="checkbox"/> | Rabies Vaccination | Yes <input type="checkbox"/> No <input type="checkbox"/> |

OFFICE USE ONLY

| | | |
|------------|------------|------------|
| Dog Tag #: | Dog Tag #: | Dog Tag #: |
| Invoice # | | |

