



Tag Fee:
\$12.00 / Dog
 C Ch D



Municipality of the County of Colchester

1 Church Street Truro, NS B2N 3Z5
Ph: (902) 897-3170

Dog Registration Form

Dog owners are required to obtain licenses annually. Licenses may be purchased at the Municipality or by completing this form and mailing it with a cheque or money order to: Municipality of the County of Colchester

For Office Use Only:
 Issued By: _____ Date _____ Tag No. _____

<p>Owner Information </p> <p>Name: _____</p> <p>Civic Address: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Telephone: (home) _____ (work) _____ (cell) _____ (cell) _____</p>	<p>Dog Information </p> <p>Name: _____</p> <p>Breed: _____</p> <p>Colour: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Microchip: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Emergency Contact (If you cannot be reached in an emergency) Name: _____ Telephone: _____</p>	

Additional Info:

Receipt
 Dog Name: _____ Date _____ Tag No. _____

Paid Amount: C Ch D



Tag Fee:
\$12.00 / Dog
 C Ch D



Municipality of the County of Colchester

1 Church Street Truro, NS B2N 3Z5
Ph: (902) 897-3170

Dog Registration Form

Dog owners are required to obtain licenses annually. Licenses may be purchased at the Municipality or by completing this form and mailing it with a cheque or money order to: Municipality of the County of Colchester

For Office Use Only:
 Issued By: _____ Date _____ Tag No. _____

<p>Owner Information </p> <p>Name: _____</p> <p>Civic Address: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Telephone: (home) _____ (work) _____ (cell) _____ (cell) _____</p>	<p>Dog Information </p> <p>Name: _____</p> <p>Breed: _____</p> <p>Colour: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Microchip: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Emergency Contact (If you cannot be reached in an emergency) Name: _____ Telephone: _____</p>	

Additional Info:

Receipt
 Dog Name: _____ Date _____ Tag No. _____

Paid Amount: C Ch D