Dog License Application

Please complete the form with as much detail as possible. The information contained on this form will be used for our records only. **Copies of spay and neuter certificates are required for reduced license rates.**

New Application ☐ Renewal ☐ Change of Information ☐

License #		
Surname:	***Given Name:***	
Home Phone #:	***Alternate Phone #:***	
Address:		***Postal Code:***
Animal Name:	***Date of Birth:***	
Breed:	***Pure Bred ☐ Mixed Breed ☐***	
Dominant Colour:	***Second Colour:***	
Ear Type: Docked ☐ Floppy ☐ Pointed ☐ Stand ☐ Other ☐_____		
Coat Type: Curly ☐ Long ☐Short ☐ Straight ☐ Wavy ☐ Wooly ☐Other☐_____		
Tail Type: Corkscrew ☐Docked ☐Feathered ☐Long ☐Ring ☐Short ☐Other ☐_____		
Female ☐Male ☐	***Spayed /Neutered ☐***	***Vet Clinic:***
Date of Last Rabies Shot:	***Temperment:***	
Micro Chip #:	***Tattoo #:***	

I, _____ certify that the above information is correct.
(print your name)

Date:_____ _____
(Signature)

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Completed forms may be taken to City Hall @ 580 1 St. SE, the Police Service @ 884 2 St. SE, or the Medicine Hat SPCA @ 55 Southwest Dr. SW for processing.