

The Corporation of the City of Elliot Lake

DOG / CAT 2017

(Please Circle One)

REGISTRATION FORM

(For Office Use)

LICENSE FEE \$ _____

TAG # _____

ISSUED _____ / _____ / _____
D / M / Y

HST \$ _____

TOTAL \$ _____

OWNER INFORMATION:

(PLEASE PRINT)

Last Name: _____ First Name: _____

Street: _____ Unit # _____

P.Code: P5A City: Elliot Lake Prov: ON Phone: (705) - _____

NEW ADDRESS FROM LAST YEAR? Yes / No
(Please Circle One)

NOTE - If this address is new, please provide the old address on reverse.

PET INFORMATION:

RENEWAL FROM LAST YEAR: YES _____ NO _____

Name of Pet: _____ Breed: _____

Colour/Markings: _____

Sex: Male _____; Neutered _____; Female _____; Spayed _____; Age: _____

Rabies Protection: Yes _____; No _____; Rabies Tag # _____

Date of Inoculation: _____ / _____ / _____ Veterinarian: _____
D M Y

**** TOTAL NUMBER OF PETS IN HOUSEHOLD**** : Dogs _____ Cats _____

Please complete the following (if this application is for a dog), to identify if the animal **is** or **is not** a "pit bull" described as one of the following:

YES NO

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | (a) a pit bull terrier | <input type="checkbox"/> | <input type="checkbox"/> | (b) a Staffordshire bull terrier |
| <input type="checkbox"/> | <input type="checkbox"/> | (c) an American Staffordshire terrier | <input type="checkbox"/> | <input type="checkbox"/> | (d) an American pit bull terrier |
| <input type="checkbox"/> | <input type="checkbox"/> | (e) a dog that has an appearance and physical characteristics that are <u>substantially similar</u> to those of dogs referred to in any of clauses (a) to (d); ("pit-bull") | | | |

I hereby certify that the above information is true and correct, and by signing below, give authorization to The Corporation of the City of Elliot Lake to confirm the information hereon.

Signature of Owner _____

Accepted By: _____

(Print Employee / Volunteer Name)