



Rural Municipality of Armstrong

Box 69, Inwood MB R0C 1P0 Phone: (204) 278-3377

DOG LICENCE NO. ___/___

NAME:		
ADDRESS:		
LEGAL DESCRIPTION:		
HOME PHONE:	CELL:	WORK:
NAME OF DOG:		
DATE OF BIRTH:		
DATE OF RABIES VACCINATION (please provide proof):		
MALE or FEMALE	SPAYED: YES/NO	
PURE BRED or X-BREED	NAME OF BREED	
DOMINANT COLOR	SECOND COLOR	THIRD COLOR
NAME AND ADDRESS OF VETERINARY CLINIC:		
MICRO-CHIP NUMBER:		
TATOO NUMBER:	LOCATION:	
DOES YOUR PET TAKE REGULAR MEDICATION?		
<i>OFFICE USE ONLY</i>		
AMOUNT PAID:	NEW LICENCE	
DATE LICENCE EXPIRES:		
AGENT: Rural Municipality of Armstrong		
SIGNATURE:	DATE:	