

CORPORATION OF THE VILLAGE OF SOUTH RIVER



P.O. Box 310, South River, Ontario P0A 1X0
Phone: (705)386-2573 Fax: (705)386-0702

DOG LICENSE REGISTRATION

OWNER'S INFORMATION

Owner's Name-_____

Civic Address/911 Number_____

Telephone::_____

DOG'S INFORMATION

Dog's Name:_____

Breed: _____

Colour: _____

Sex : _____ Spayed/Neutered?: _____ Age: _____

Notes: Disposition, etc._____

FOR OFFICE USE ONLY

Date Received:_____ Staff:_____

Payment Received: Date _____ Payment Type _____

Tag # Issued:_____