

Office Use Only

Date tag issued	Location of Issuer	
Fee paid	\$ Method of payment	

DOG AND CAT REGISTRATION APPLICATION

All dogs and cats living in Stratford must be registered with the City and wear a valid tag. No more than 3 non-sterilized dogs or cats per household. All licences expire December 31.

OWNER INFORMATION

No

Owner's Fi	rst Name					
Owner's La	st Name					
Address (in	nclude post	al code)				
Telephone				Alt Telephone		
Email						
ANIMAL #1	ı					
TAG # ISSUED	OFFICE USE ONLY	Pet's N	ame			
Dog Cat		Primary	y Breed			
Age		Primary	y Colour			
Female Male		Microck	nip number			
Rabies date		Service Registr	Animal ation #			
Sterilized	Yes No	By declaring that my pet is sterilized, I give permission to my veterinary clinic to provide confirmation to the City of Stratford and the KWSPHS.				
ANIMAL #2						
TAG # ISSUED	OFFICE USE ONLY	Pet's N	ame			
Dog Cat		Primary	y Breed			
Age		Primary	y Colour			
Female Male		Microch	nip number			
Rabies date		Service Registr	Animal ation #			
Sterilized	Yes		By declaring that my pet is sterilized, I give permission to my veterinary			

Personal information on this form is collected by The Corporation of the City of Stratford under the authority of the Municipal Act, 2001 and Animal Control By-law 195-2002. The information will be used for the purpose of dog and cat licensing. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or at 519-271-0250 ext.5329.

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