



## Dog Tag Registration Form

### Animal Owner Information

Owner(s) name: \_\_\_\_\_

(Include all owner names and where the owner is a minor, the person responsible for the custody of the minor)

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (complete only if different from above)

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Property Owner if different from above: \_\_\_\_\_

(i.e. rental property owner)

### Dog Information

How many dogs are currently registered with the Municipality: \_\_\_\_\_ Tags Number(s) \_\_\_\_\_

1. Name of Dog: \_\_\_\_\_ Breed of Dog: \_\_\_\_\_ Age: \_\_\_\_\_

Colour/Markings: \_\_\_\_\_ Temperament: \_\_\_\_\_ UPDATE TO EXISTING REGISTRY

Male Neutered Intact Female Spayed Intact

Veterinary: \_\_\_\_\_ Rabies Vaccination Expiry Date: \_\_\_\_\_

2. Name of Dog: \_\_\_\_\_ Breed of Dog: \_\_\_\_\_ Age: \_\_\_\_\_

Colour/Markings: \_\_\_\_\_ Temperament: \_\_\_\_\_ UPDATE TO EXISTING REGISTRY

Male Neutered Intact Female Spayed Intact

Veterinary: \_\_\_\_\_ Rabies Vaccination Expiry Date: \_\_\_\_\_

3. Name of Dog: \_\_\_\_\_ Breed of Dog: \_\_\_\_\_ Age: \_\_\_\_\_

Colour/Markings: \_\_\_\_\_ Temperament: \_\_\_\_\_ UPDATE TO EXISTING REGISTRY

Male Neutered Intact Female Spayed Intact

Veterinary: \_\_\_\_\_ Rabies Vaccination Expiry Date: \_\_\_\_\_



## Dog Tag Registration Form

### History of Animal

	First Dog	Second Dog	Third Dog
Has your dog(s) previously been deemed a potentially dangerous or dangerous dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been charged under the <i>Dog Owner's Liability Act</i> or Municipal By-Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog(s) ever bitten another dog or person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Fees & Registration

First Dog- \$21.00   Second Dog- \$21.00   Third Dog- \$21.00  
FEE ENCLOSED \_\_\_\_\_

### How to Register

1. To register your dog(s) complete the Dog Tag form and return it to the Municipal Office located at 100 Scott St, Walkerton ON or send by email to [lmacdonald@brockton.ca](mailto:lmacdonald@brockton.ca). Our office hours are Monday-Friday 8:30 am to 4:30 pm.
2. Dog tag fees can be paid online or in person. The Municipality accepts cash, debit, cheque. If paying online and you need assistance please contact AR at 519-881-2223 ext. 128.

**I hereby verify that the information provided herein is true and correct and I understand that all fields must be completed in order to process.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Disclaimer:

The completion of the Dog Tag Registration form does not guarantee your dog will be registered with the Municipality. Only dogs that comply with the Municipality of Brockton Dog Control By-Law 2020-082 will be registered.