



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- \$20.75 Second Dog- \$20.75 Third Dog- \$20.75
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. 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.