RM OF STANLEY
DOG LICENSE APPLICATION

TAG NO: _____YEAR ISSUED: _____

Owner Information

Name of Owner			
Mailing Address			
Civic Address			
Email Address			
Phone #		ROLL #	

Description of Animal

Year of Birth		❒ Male ❒ Neutered	❒ Female ❒ Spayed
Name of Dog			
Breed		Tattoo	(Number and from where?)
Colour		Markings	
Current Rabies Vaccine	❒ Yes ❒ No	Copy Attached	❒ Yes ❒ No

Release of Information

I authorize the RM of Stanley to release this information to the Morden Veterinary Clinic to enable them to contact me if/when my dog is impounded:

Signed: _____ Date: _____

Change Notices - Office Only

One Dog Tag will be issued to each dog but the owners need to communicate any changes, such as a move or sale of the dog.

'Responsibility of Dog Owners' sheet given to owner?❒

RM OF STANLEY
1-23111 PTH 14
Stanley MB R6P 0B1

Telephone: (204) 325-4101
Email: info@rmofstanley.ca