



Office Use Only	
<b>DATE TAG ISSUED</b> DD / MM / YYYY	<b>RECEIPT NUMBER:</b>
<b>LOCATION OF TAG ISSUER:</b>	<b>Fee(s) Paid:</b> \$
	<b>Method of Payment:</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE  <input type="checkbox"/> DEBIT <input type="checkbox"/> VISA  <input type="checkbox"/> MASTERCARD

## Dog Licence and Cat Registration Application

All dogs and cats living in Stratford must be licensed/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<sup>st</sup>.

OWNER INFORMATION		HAS ADDRESS CHANGED FROM LAST YEAR ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Owner's First Name		Owner's Last Name	
Address		Apt #	City Stratford      Postal code    N
Home Telephone 519-	Alternate Telephone	Email	
<b>ANIMAL # 1</b>	<b>TAG # ISSUED :</b>	<input type="checkbox"/> Service Animal Registration #	
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Pet's Name	Female <input type="checkbox"/> Male <input type="checkbox"/>	Primary Breed      Primary Colour
Age	Rabies Vaccination Date mm    dd    yyyy	Microchip #	My pet is sterilized    Yes <input type="checkbox"/> No <input type="checkbox"/> By declaring that my pet is sterilized, I give permission to my veterinary clinic to provide conformation to the City of Stratford and the OSPCA, Perth County Branch.
Vet Clinic			
<b>ANIMAL # 2</b>	<b>TAG # ISSUED :</b>	<input type="checkbox"/> Service Animal Registration #	
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Pet's Name	Female <input type="checkbox"/> Male <input type="checkbox"/>	Primary Breed      Primary Colour
Age	Rabies Vaccination Date mm    dd    yyyy	Microchip #	My pet is sterilized    Yes <input type="checkbox"/> No <input type="checkbox"/> By declaring that my pet is sterilized, I give permission to my veterinary clinic to provide conformation to the City of Stratford and the OSPCA, Perth County Branch.
Vet Clinic			

Personal information on this form is collected pursuant to section 10 of the *Municipal Act, 2001, S.O. 2001, c. 25* and City of Stratford Animal Control By-law 195-2002 as amended. The information will be used for dog licensing and cat registration purposes. Questions about the collection of personal information should be directed to the City Clerk, P.O. Box 818 Stratford ON N5A 6W1, or at 519-271-0250 ext 235.

White copy to Owner

Yellow copy to OSPCA

Pink copy to City Clerk's Office