Cornwallis
RURAL MUNICIPALITY

DOG LICENSE APPLICATION

Site 500 Box 10 RR 5
Brandon, MB R7A 5Y5

Name of Owner: _____

Civic Address: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Pet Information

First Dog	Second Dog	Third Dog
Name:	Name:	Name:
Breed:	Breed:	Breed:
Colour:	Colour:	Colour:
Birthdate:	Birthdate:	Birthdate:
Weight(lbs.):	Weight(lbs.):	Weight(lbs.):
Vaccination #:	Vaccination #:	Vaccination #:
☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
☐ Neutered/Spayed ☐ Non-Neutered/Spayed	☐ Neutered/Spayed ☐ Non-Neutered/Spayed	☐ Neutered/Spayed ☐ Non-Neutered/Spayed

Neutered/Spayed - $5.00/year **Non-Neutered/Spayed - $10.00/year**

*** PROOF OF RABIES VACCINATION MUST BE PROVIDED***

Signature: _____ **Date:** _____

Tag #:_____ **Tag #:**_____ **Tag #:**_____

Date Received: _____ Receipt #: _____

OFFICE USE ONLY