

DOG REGISTRATION FORM

2357 Highway 206, P.O. Box 120, Arichat, Nova Scotia B0E 1A0
 Phone: 902.226.-2400 / Toll Free: 1.800.567.2600 / Fax: 902.226.0295
 Email: kristina.kean@richmondcounty.ca

Please complete all required fields to ensure accurate identification and registration of your dog.

OWNER INFORMATION


Full Name	
Phone Number	
Civic Address	
Mailing Address (if different)	

ALTERNATE/EMERGENCY CONTACT

Contact's Name:	
Phone Number	
Relationship to Owner	

DOG INFORMATION

Dog's Name		Approx. Age	
Breed		Colour	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Coat Length	
Spayed / Neuter Status	<input type="checkbox"/> Spayed <input type="checkbox"/> Unspayed <input type="checkbox"/> Neutered <input type="checkbox"/> Unneutered	Temperament	
Microchip	<input type="checkbox"/> Yes <input type="checkbox"/> No Chip Number:	Vaccinations / Inoculations	
Tattoo	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details/Location:	
Distinctive Features or Markings			
Other Identifying Characteristics			

 **Recent Photo of Dog.** (Please attach a recent photo. This will be updated yearly or upon request.)

I confirm that the information provided on this form is accurate.

 Signature of Owner

 Date