



Office Use Only	
DATE TAG ISSUED DD / MM / YYYY	RECEIPT NUMBER:
LOCATION OF TAG ISSUER:	Fee(s) Paid: \$
	Method of Payment: <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 31st.

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
ANIMAL # 1		TAG # ISSUED :	
		<input type="checkbox"/> Service Animal Registration #	
Dog <input type="checkbox"/>	Pet's Name	Female <input type="checkbox"/>	Primary Breed
Cat <input type="checkbox"/>		Male <input type="checkbox"/>	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			
ANIMAL # 2		TAG # ISSUED :	
		<input type="checkbox"/> Service Animal Registration #	
Dog <input type="checkbox"/>	Pet's Name	Female <input type="checkbox"/>	Primary Breed
Cat <input type="checkbox"/>		Male <input type="checkbox"/>	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 5329.

White copy to Owner

Yellow copy to OSPCA

Pink copy to City Clerk's Office