



RURAL MUNICIPALITY OF THOMPSON

DOG LICENSE APPLICATION

TAG NO: _____ YEAR ISSUED: _____

Owner Information

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

Description of Animal

Year of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Neutered	<input type="checkbox"/> Female <input type="checkbox"/> Spayed
Name of Dog			
Breed		Tattoo	(Number and from where?)
Colour		Markings	
Current Rabies Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Release of Information

I authorize the R.M. of Thompson to release information to the Morden Veterinary Clinic to enable them to contact me if/when my dog is impounded:

Signed: _____

Date: _____

Payment \$40.00 received by cheque cash debit EFT

Change Notices – Office Only

P.O. BOX 190 • MIAMI, MANITOBA • R0G 1H0
 TELEPHONE (204) 435-2114
 FAX: (204) 435-2067