



FOR OFFICE USE ONLY Year _____

License No.: _____ Date Issued: _____

DOG/CAT LICENSE APPLICATION

Owner Name(s): _____

Mailing Address: _____

Phone: _____

Street Address: _____

Dog/Cat Name: _____

Rabies No.: _____ Breed: _____

Colour: _____ (circle one) Male / Female

Signature: _____ Date: _____

Fee: \$15.00

To receive a tag for your dog, please return this form with payment to the Town office:

Town of Carman
Box 160
Carman, MB
R0G 0J0
Fax: (204)745-2903

