



**WEST HANTS REGIONAL MUNICIPALITY**  
**DOG TAG REGISTRATION**  
 76 Morison Drive  
 PO Box 3000, Windsor, NS B0N 2T0  
 Office 902.798.8391 | Fax 902.798.8553

OWNER INFORMATION								
First Name:			Middle Initial:			Last Name:		
Street Address (Include Civic#):					Town:		Postal Code:	
Mailing Address (If Different than above):					Town:		Postal Code:	
Home Phone #:			Business Phone #:			Cell Phone #:		
Email Address:								
DOG INFORMATION								
NEW TAG# (for office use)		Name	Sex (M/F)	Spayed or Neutered	Breed	Color	Birth Year	Fee
	1							
	2							
	3							
	4							
	5							
	6							
Kennel Name								
Please make cheque payable to: <b>WEST HANTS REGIONAL MUNICIPALITY</b>							Total:	\$
TATTOO OR CHIP NUMBERS								
1				4				
2				5				
3				6				

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_

Signature
Print Name
Date