



**VILLAGE OF WABAMUN
DOG/CAT TAG RECORD**

TAG #	_____
AMT PD	_____
DATE PD	_____

OWNER'S LAST NAME: _____
OWNER'S FIRST NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
PHONE # - HOME: _____ WORK: _____ CELL: _____

	Cat	<input type="checkbox"/>	Dog	<input type="checkbox"/>
Name of Pet	_____			
Breed of Pet	_____			
Male	<input type="checkbox"/>	Tattoo	<input type="checkbox"/>	Spayed/Neutered <input type="checkbox"/>
Female	<input type="checkbox"/>	Microchip	<input type="checkbox"/>	
Color of Pet	_____			
Special Markings	_____ _____			

OWNER'S SIGNATURE _____

OFFENCES

DATE OF OFFENCE	BY-LAW #	DESCRIPTION OF OFFENCE	TICKET #	FINE (W)	DATE PD.