



MUNICIPALITY OF RHINELAND ANIMAL LICENCE APPLICATION

TAG NO: _____ YEAR ISSUED: _____

Owner Information

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

Description of Animal

Year of Birth		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed
Name of Pet			
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 Municipality of Rhineland to release this information to enable them to contact me if/ when my dog is impounded:

Signed: _____ Date: _____

(Typing your name here constitutes an electronic signature and that all the information provided is correct)

Change Notices - Office Only

One Dog Tag will be issued to each dog but the owners need to communicate any changes, such as a move or sale of the dog.

PHOTO: - Please insert (replace image) or attach a photo of your pet to the email. Email all registrations to info@rhinelandmb.ca



Telephone: (204) 324-5357
Fax: (204) 324-1516 Email:
info@rhinelandmb.ca

Rhineland Municipality
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