



Domestic Animal Registration Application

Dog/Cat Registration

Owner Surname _____		First Name _____	
Address _____	Unit # _____	Postal Code _____	Tel. # _____
Address Change (check box) <input type="checkbox"/>			
<input type="checkbox"/> Dog	New Registration <input type="checkbox"/>	Renewal <input type="checkbox"/>	
			Tag # _____
<input type="checkbox"/> Cat			
Name of pet _____		Date of birth ____/____/____	
Breed _____	Mixed <input type="checkbox"/>	Pure <input type="checkbox"/>	
Colour _____			
Tattoo # _____	Microchip # _____		
Male <input type="checkbox"/>	Microchipped - Yes / No	Proof provided Yes / No	
Female <input type="checkbox"/>	Sterilized - Yes / No		
Puppy <input type="checkbox"/>	Proof is required for sterilization and for microchipping – Photocopies accepted		
Kitten <input type="checkbox"/>			

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989

Information on this form is collected pursuant to Section 8 of By-law 2003-77 respecting animal care and control and is necessary to issue the dog registration tag. For further inquiries, call 580-2424, e-mail to pet.inquiries@ottawa.ca, or write to City of Ottawa, By-law Services, 110 Laurier Avenue West, Ottawa, Ontario, K1P 1J1

Please advise the By-law Services Branch in writing at the above address of any change in name, address, telephone number, ownership, or the death of the cat or dog.

	OFFICE USE ONLY				
Receipt	Date	Expires	Year	Amount Paid	Sold by
	[]	April 30	[]	[]	[]