



# **R.M. of Roland**

## **Animal Registration Permit**

Date \_\_\_\_\_

**Licence No.** \_\_\_\_\_

Breed \_\_\_\_\_

Colour(s) \_\_\_\_\_

Name \_\_\_\_\_

Sex \_\_\_\_\_

Spayed or Neutered \_\_\_\_\_

Rabies shot expiry date \_\_\_\_\_

Rabies Tag No. \_\_\_\_\_

Tattoo No. \_\_\_\_\_

Owner \_\_\_\_\_

Civic Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Receipt # \_\_\_\_\_