

Town of Arcola  
PO Box 359  
Arcola, Sask.  
S0C 0G0  
455-2212

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dog: Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Date of vaccination (re: Rabies, etc) \_\_\_\_\_

Breed: \_\_\_\_\_

Description of Dog: \_\_\_\_\_

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Colour, Size, Age, etc

License valid from January 1 to December 31 each year.

License # \_\_\_\_\_

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

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Owner's Signature