



RM of West St. Paul Dog Tag Information

Date: _____

Owner's Name: _____

Civic Address: _____

Mailing Address: _____ Postal Code: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Tag No.: _____

Dog Tag Year: _____

Dog's Name: _____

Breed: _____

Color: _____

Age: _____

Female: ☐ Spayed: ☐ Intact: ☐

Male: ☐ Neutered: ☐ Intact: ☐

Rabies up to date? Yes ☐ No ☐ Tattoo? Yes ☐ No ☐ If yes, tattoo #: _____

Microchip? Yes ☐ No ☐ If yes, Microchip #: _____

Has this dog been declared a 'Dangerous Dog' under another jurisdiction? Yes ☐ No ☐

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Dog Tag Year: _____

Dog's Name: _____

Breed: _____

Color: _____

Age: _____

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Signature