



Morden Community Services

111-D Gilmour Street
 Morden, Manitoba, R6M 1N9
 Telephone: (204) 822-5431
 Fax: (204) 822-6619
 Email: rpeers@mordenmb.com

DOG LICENCE APPLICATION

TAG NO: _____ YEAR: _____

Owner Information

Name of Owner	
Address	
Phone Number	

Description of Animal

Age		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Name of Dog			
Breed			
Colour and Markings			
Ear Tattoo Number	# _____	From Where?	
Current Rabies Vaccine	Yes _____	No _____	Year _____

Release of Information

I authorize the Town of Morden to release this information to the Morden Vet Clinic to enable them to contact me if/when my dog is impounded:

Signed: _____ Date: _____

Office Information Only

Pick-up Date		Pick-up Date		Pick-up Date	
# of Days		# of Days		# of Days	
Rm & Brd		Rm & Brd		Rm & Brd	
GST		GST		GST	
Fines		Fines		Fines	
License		License		License	
Total		Total		Total	

Paid Dog Catcher

Paid Dog Catcher

Paid Dog Catcher

Euthanasia Date: _____

Ordered By: _____