



1 Parklane Drive / P.O. Box 2280  
Strathmore, AB T1P 1K2

## TOWN OF STRATHMORE

Phone 403.934.3133  
Fax 403.934.4713

# Dog/Cat Tag Form

**3 Pet Limit**

**Owner's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Dog/Cat Name:** \_\_\_\_\_

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

**Colour:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Male or Female** (Circle One)

Neutered/Spayed **YES** or **NO** (Circle One)

**Tattoo or Microchip #:** \_\_\_\_\_

*Tags can be mailed to you after payment is received.*