



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 Dog 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.