

DOG REGISTRATION FORM

Owner's Name: _____

Mailing Address: _____

Legal Address: _____

Phone Number: _____

Work/Cell Number: _____

Description of Dog

Sex: _____

Breed: _____

Colour: _____

Name: _____

Birth Date: _____

Size: _____

Spayed/Neutered: _____

Date of Application: _____

The form can be emailed to the Peace Officer at bylaw@cypress.ab.ca or mailed to the above address. Dog tags will be mailed to the owner.

