



TOWN OF SAINT ANDREWS

DOG LICENCE

Tag No.

Year

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Name of Owner _____

Address _____

Phone _____

Name of Dog _____

Markings _____

	MALE		
	FEMALE		
		BOXER	
		COLLIE	
		HOUND	
		MONGREL	
		POLICE	
		POODLE	
		SETTER	
		SHEPHERD	
		SPANIEL	
		SCOTTIE	
		TERRIER	
		RETRIEVER	
		WHITE	
		BLACK	
		BROWN	
		RED	
		TAN	
		SPAYED/ NEUTERED	

Certificate of Rabies Vaccination:

Cert. No _____

Date of Vaccination _____

Date _____

_____ Dog Licence Fee Collector