

PUBLIC WORKS / HOUSING
BOX 670, AIR RONGE
SASK. S0J 3G0
PHONE: (306) 425-2884
FAX: (306) 425-2777
#154 FAR RESERVE ROAD



Lac La Ronge Indian Band

SCHEDULE "B" – REGISTRATION FORM

APPLICATION FOR DOG/CAT REGISTRATION

DATE: _____, 20_____

Applicants Details

Full name: _____ Contact number: _____

House Number: _____ Street Name: _____

Reserve: _____ Mailing address:

Animal Details

Name: _____ Breed: _____

Age: _____ Male: _____ Female _____

Primary color: _____ Secondary color: _____

Do you have other pets in the home? Yes or No (please circle) How many: _____

If yes, is (are) the pet(s) registered? _____

Heath Information

Vaccination Information: _____

Date of last vaccination: _____

De-Sexed: Yes or No (please circle)

TAG/REGISTRATION # _____