



SIoux LOOKOUT  
Hub of the North



THE CORPORATION OF THE  
MUNICIPALITY OF SIOUX LOOKOUT

CAT/DOG REGISTRATION FORM

EXISTING MICROCHIP

NEW MICROCHIP

TAG # \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ Postal Code \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

NAME OF CAT/DOG: \_\_\_\_\_

AGE OF CAT/DOG: \_\_\_\_\_

DESCRIPTIVE MARKINGS: \_\_\_\_\_

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> American Eskimo  | <input type="checkbox"/> Chesapeake        | <input type="checkbox"/> Irish Setter        | <input type="checkbox"/> Rottweiler       |
| <input type="checkbox"/> Alaskan Malamute | <input type="checkbox"/> Dachshund         | <input type="checkbox"/> Irish Wolf Hound    | <input type="checkbox"/> Samoyed          |
| <input type="checkbox"/> Basset Hound     | <input type="checkbox"/> Dalmatian         | <input type="checkbox"/> Jack Russel Terrier | <input type="checkbox"/> Schnauzer        |
| <input type="checkbox"/> Beagle           | <input type="checkbox"/> Doberman Pinscher | <input type="checkbox"/> Lab Retriever       | <input type="checkbox"/> Sheltie Collie   |
| <input type="checkbox"/> Blue Healer      | <input type="checkbox"/> German Pointer    | <input type="checkbox"/> Lhasa Apso          | <input type="checkbox"/> Shih Tzu         |
| <input type="checkbox"/> Border Collie    | <input type="checkbox"/> German Shepherd   | <input type="checkbox"/> Maltese             | <input type="checkbox"/> Springer Spaniel |
| <input type="checkbox"/> Brittany Spaniel | <input type="checkbox"/> Golden Retriever  | <input type="checkbox"/> Poodle              | <input type="checkbox"/> Toy Terrier      |
| <input type="checkbox"/> Bulldog          | <input type="checkbox"/> Husky             | <input type="checkbox"/> Pitbull             | <input type="checkbox"/> Wheaton          |

- DOMESTIC SHORT HAURED
- BEIGE    BLACK    BROWN    GOLD
- DOMESTIC LONG HAURED
- RED    TAN    WHITE    GREY

- MALE    NEUTERED    FEMALE    SPAYED

OWNER'S SIGNATURE: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_ CASHIER'S INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_

Information contained on this form is collected under authority of the Municipality of Sioux Lookout By-Law No. 50-06 and will be used to aid in the administration of Animal Control Services, including the return of your pet. Questions about this collection of information should be directed to Freedom of Information Co-Ordinator, Brian P. MacKinnon, Municipality of Sioux Lookout.