



Registration of a dog

Animal

_____	_____
Medal number (if applicable)	Origin of the dog
_____	_____
Name	Color
_____	_____
Breed	Gender
_____	_____
Birth date	Weight (specify in pounds or kilos)

Distinctive signs	
_____	_____
Date of last vaccines	Microchip number (if applicable)
_____	_____
Sterilization date	Name of the municipalities where the dog has already been registered (if applicable)
Dog declared dangerous? Oui <input type="checkbox"/> Non <input type="checkbox"/>	

* Attach a picture of your animal for his file (optional)

Owner or caretaker

_____	_____
First name	Last name

Address	

Phone number	

Email	

The form must be returned to the municipality by email at reception@villebonaventure.ca or by mail at the town hall at 127, avenue de Louisbourg.