



TORBAY DOG TAG INFORMATION

Applicant Information

Date: _____

Owners Name: _____

Phone Number(s): _____ (home) _____ (other)

Address/Postal Code: _____

Email: _____

Other Contact in Case of Emergency: _____

Dogs Name: _____ Dog Breed: _____

Sex: _____ Spayed or Neutered: _____

Color(s) of Fur: _____ Dog Age: _____

Dog Lives Inside or Outside: _____

Veterinary Hospital: _____

Microchip # _____ Tattoo # _____ Tattoo Location : _____

Dangerous to people? _____ Dangerous to animals? _____

Any other info: _____

License Information

Tag# _____ Issue Date _____