FOR OFFICE USE OF	NLY
Carpathia Representative :	
Date Approved :	

## **Pet Registration Form**



(Please Print)

Member # 1:	
Name:	
Surname	Given Name
Unit Number:	
Telephone: (Home)	
(Work)	
Number of Pets:	
Pet Information	
Pet #1:	Pet #2:
Type of Pet:	Type of Pet:
Name of Pet:	Name of Pet:
Sex of Pet:	Sex of Pet:
License Number: *	License Number: *
Description: * *	Description: * *
Spayed / Neutered: Yes No	Spayed / Neutered: Yes No
Vaccinations: Rabies	Vaccinations: Rabies
Other:	Other:
Dog Owners Only:	
Height:	Height:
Weight:	Weight:
If a puppy: What is the Expected Weight when Full Grown?	If a puppy: What is the Expected Weight when Full Grown?

## Notes:

- \* ALL DOGS ARE REQUIRED TO BE LICENSED! (City of Winnipeg Pound By-law 2443/79 Section 17.(a), all dogs over the age of six months must be licensed.)
- \*\* Description should include: size; colour; breed; any special markings, tattoos, and/or distinguishing characteristics.

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FOR OFFICE USE ONLY Carpathia Representative :	Pet Registration Form
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Co-op Animal By-Law as provided to abide by those standards. I may lead to the imposition of further understand that my fail Co-op in regards to my animal (I understand that the above	hal(s), I declare that I have received a copy of the ded in my Member's Handbook Section 8 and agree understand that failure to abide by the regulations fines and/or removal of the offending animal(s). I flure to abide by any action or order issued by the (s) may lead to further action against me.  The information will be utilized by employees of dministration of the Co-op's pet by-laws as outlined
Co-op in paper and/or electr	information will be retained by Carpathia Housing ronic format for as long as I am a member of or inform the Co-op in writing that I am no longer is.
Signed,	
Member #1	Date

Date

Co-op Witness