



Office Use:
Dog Tag # _____
Date Mailed: _____

Dog License Form

Name of Owner: _____

Mailing Address: _____

Town: Hampton Province: New Brunswick Postal Code: _____

Telephone Number: (506) _____ Cell Number: (506) _____

Breed of Dog: : _____

Colour of Dog: _____

Name of Dog: _____

Sex of Dog: _____

Age of Dog: _____

Spayed/Neutered/Unaltered: _____

PLEASE NOTE DOG LICENSE WILL EXPIRE JANUARY 31ST OF EACH YEAR

Please mail completed form: Town of Hampton
c/o Dog Registration
P.O. Box 1066, 27 Centennial Road
Hampton, NB E5N 8H1

_____ I have enclosed a cheque for \$17.00 (\$15 license fee plus \$2 postage & handling)

Dog Owner's Signature

Date