



## **HOPEWELL TOWNSHIP RESIDENT - CANINE REGISTRY FORM**

### **Canine Owner Contact information:**

(Please fill out a separate form for each canine in the household)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP CODE: \_\_\_\_\_

PREFERED PHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

### **Canine Details:**

CANINE'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

MALE     FEMALE    COLLAR DESCRIPTION: \_\_\_\_\_

COUNTY DOG LICENSE #: \_\_\_\_\_ RABIES TAG #: \_\_\_\_\_ MICROCHIP #: \_\_\_\_\_

**Attach Recent Photo of Canine.** Return completed form the address below.

Hopewell Township Police Department

1700 Clark Blvd.

Aliquippa, PA 15001

724-378-0557