

Registration Form – To be Filled by Municipal Authorities

Please, fill the paper version in print.

MUNICIPALITY

_____	_____
Name of Municipality	Mayor
_____	_____
Address	Postal Code
_____	_____
Telephone	Fax
_____	_____
Email (Municipality)	Email (other email)
_____	_____
Public Safety or By-Law Officer's Name (PSO or BLO)	Telephone and/or Email
_____	_____
Local Vaccinator #1, Designated and Paid by the Municipality	Telephone and/or Email
_____	_____
Local Vaccinator #2, Designated and Paid by the Municipality	Telephone and/or Email
_____	_____
Name of the Stray Dog Controller	Telephone and/or Email
_____	_____
Location of the Vaccination Clinic and Person in charge	Telephone and/or Email

QUESTIONNAIRE

- In your municipality, are you interested in having dogs vaccinated against Rabies as part of the *T. A. Program to Northern Communities for the Protection of Dogs Against Rabies*? Yes No
- Total of animals to be vaccinated : _____
- Currently, how do you control stray dogs? _____

- Comments and Suggestions : _____

_____	_____
Signature	Title
_____	_____
First and Last Name (in Print)	Year / Month / Day

Please send this form by Fax to 418-380-2201 or by Email to animaux@mapaq.gouv.qc.ca
For more information, call 1-844-ANIMAUX (1-844-264-6289).