

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENTAL MANAGEMENT

DOG REGISTRATION AND LICENSING APPLICATION FORM

New application

Renewal

(Mark with an "X")

NAME OF THE DOG

NAME OF OWNER

DOG'S PHYSICAL ADDRESS

Erf STREET NAME AREA

POSTAL ADDRESS

TELEPHONE OR CELL NO

E-MAIL ADDRESS

All applicants for a new registration, are required to submit the following; **Copy of dog health passport, one ID copy of owner**, should be attached.

In case of request for permit, the premise will be ready for inspection on: **DATE THIS: DAY OF..... 20.....**

.....
Applicant's signature

.....
Date

FOR OFFICIAL USE ONLY

Registration fee:

Receipt No:

Date:



Oshakati
TOWN COUNCIL

Head Office:

906 Sam Nujoma Road
Civic Center Oshakati
P/Bag 5530, Oshakati
Tel: +264 65 229500
Fax: 065 220 435

Commercial Centre of

the North

All official correspondences must be addressed to the Chief Executive Officer

Commercial Centre of

the North