



**SHIBUYUNJI DISTRICT COUNCIL**

DEPARTMENT OF PLANNING

**THE CONTROL OF DOGS REGULATIONS**

(Cap 247 of 1994)

FORM 1

(Regulation 5)

**APPLICATION FOR REGISTRATION**

I Mr/Ms/Dr/Mrs/Sir/.....

Residential Address..... Phone No.....

Location/ village..... Road..... chiefdom.....

Hereby apply for certificate(s) of registration for.....dog(s) hereunder described for which I  
enclose the sum of K.....

Receipt number..... Date.....

**Tick appropriate**

Kindly specify if the dog is local, breed or imported and (a) Pet (b) Breeder (c) Commercial use (attached relevant documents to this application)

Signature.....

**FOR OFFICIAL USE**

Description of Dog

For purpose of identification.

Breed..... Vaccine Batch No..... Sex.....

Age..... Colour Markings etc.....

Application is accepted/ Rejected (if rejected specify reasons why).....

Signed ..... Date.....

Title.....