

**TO ORDER TAG(S) FILL OUT THE FORM
BELOW AND RETURN TO:**

**SPCA P.O. Box 1533
St. John's, NL A1C 5N8**

SPCA PET IDENT TAG REGISTRY

Owner's Name: _____
Street Address: _____
Mailing Address: _____
Tel: _____ Work: _____ Cell: _____

Pet's Name: _____
Cat: _____ Dog: _____ Other (Specify) _____
Breed: _____ Sex: _____
Description: _____

Number of Tags: _____

(Tags \$5 each plus \$1 for postage)

Payment: cash _____ cheque _____ PMO _____
Visa/Mastercard Number _____
Expiry Date: _____

