



# AKWESASNE JUSTICE DEPARTMENT

Box 579  
CORNWALL, ONTARIO K6H 5T3

TEL: 613-575-2250  
FAX: 613-575-1726

## Instructions for Dog Registration with MCA Compliance

### Mohawk Council of Akwasasne

The Mohawk Council of Akwasasne Compliance Department oversees the registration of dogs within the three districts of Kawehnoke, Kanatakon and Tsi Snaihne.

To register a dog with MCA you will need:

- Proof of Rabies Vaccine
- Photo of Dog
- \$10.00 Fee payable to the Akwasasne Justice Department

The MCA Compliance Department will then provide you with a registration tag for the dog being registered and collar. In the event that your dog is picked up by MCA Compliance, having the dog registered will make it easier to find the owners.

*MCA only registers dogs – please contact 613-575-2250 Ext. 2400 to complete the registration process.*



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## COMPLIANCE OFFICE - ANIMAL CONTROL

### Animal Registration Form

Akwesasne Pet Registration No: AKW-\_\_\_\_\_

#### Owner Information:

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

- |                                       |                                  |  |
|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Akwesasne    | <input type="checkbox"/> Quebec  | <input type="checkbox"/> HOM 1A0 (St. Regis) |
|                                       |                                  | <input type="checkbox"/> HOM 1A1 (Snye)      |
|                                       | <input type="checkbox"/> Ontario | <input type="checkbox"/> K6H 5R7             |
|                                       | <input type="checkbox"/> NY      | <input type="checkbox"/> 13655 (Hogansburg)  |
| <input type="checkbox"/> Rooseveltown |                                  | <input type="checkbox"/> 13683               |

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Pet Information:

Type of Pet:  Cat  Dog Breed: \_\_\_\_\_

Has your pet been vaccinated?  Yes  No

If "yes" indicate date of last vaccination:	DD/MM/YYYY
Vaccination No:	
Animal Hospital/Clinic where vaccination administered:	

Owner

Date

Compliance Officer

Date