APPLICATION FOR DOG LICENSE

MALE……..FEMALE……NEUTERED MALE……SPAYED FEMALE……

Owner…….
(LAST NAME) (FIRST NAME AND INITIAL)

Residence……..……Tel. No……

Name of Dog……..…….

Breed……...

Color……..…Age:…….Yrs…….Months

For use of Town Clerk's Office only
Certificate of Spaying or Neutering shown and returned……..……
Certificate of Vaccination – Date:…….
Certificate of Vaccination shown and returned……..
Date Licensed……Tag No……..……..