

New Dog License Requirements

Register at the Town Clerks Office. Cash, Check, or Credit Card are accepted OR by mail with check or credit card information. We will mail license and tag

Owner Name_____

Address _____

Phone Number_____

Email _____

Please include a copy of the most recent Rabies Vaccinations form, must include

a. Date of vaccination_____
b. Tag Number _____
c. Serum Lot number_____
d. Vaccination Manufacturer_____
e. Veterinarian Name_____

Dog Name_____

Breed_____

Primary Color _____Secondary Color_____

Date of Birth_____

Gender_____

Spayed or Neutered Yes____ No_____

Marking or Tattoos_____ Micro Chip (if applicable) _____