

APPLICATION FOR DOG LICENSE/RENEWAL

Dog Licenses are annual: Jan. 1–Dec. 31. Massachusetts State Law requires all dogs 6 months and older be licensed in their respective town or city, and have proof of a current rabies vaccination on file.

Neutered Males & Spayed Females: \$10.00/each

Unaltered Males & Females: \$20.00/each

All previously licensed dogs renewed ON/AFTER June 1st will be charged an **additional \$10.00.**

Owner's Name: _____ Email: _____

Street Address: _____ PO Box: _____

CONTACT NUMBER(S) REQUIRED: _____

1. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered (\$10) Spayed (\$10) Unaltered (\$20) Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

2. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered (\$10) Spayed (\$10) Unaltered (\$20) Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

3. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered (\$10) Spayed (\$10) Unaltered (\$20) Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

4. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

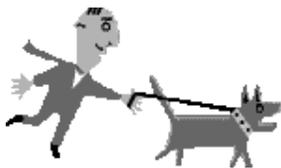
Neutered (\$10) Spayed (\$10) Unaltered (\$20) Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

PLEASE NOTE: 5 or more dogs requires a KENNEL LICENSE. Please use the Kennel License Application/Renewal on the other side.

Your Application, along with a check made out to Town of East Brookfield and a copy of each dog's current rabies vaccination*, may be dropped in the white drop box near the entrance to the Town offices in the rear of the building or mailed to:



**Town Clerk's Office – Dog License
Memorial Town Complex
122 Connie Mack Dr.
East Brookfield MA 01515**



Office Hours: Mon. – Thurs. 10am-2:30pm, Mon. Eves 6-8, Fri. CLOSED * **Phone:** 508-867-6769, ext. 301

Your license(s) will be mailed to you as soon as processed. For your convenience, you may use the Census return envelope to return your License Application/Renewal along with your Census.

* State Law requires a copy of a current rabies vaccination be on file for each dog (105 CMR 330.300). Copies can be emailed (townclerk@eastbrookfieldma.us) or faxed (508-867-4190) by either you or your veterinarian.

Please DO NOT INCLUDE any other payments to the Town with your Dog License fee or Census form.
This office will not be responsible for late payments to the Town Collector. Thank you!

APPLICATION FOR KENNEL LICENSE/RENEWAL

Kennel Licenses are annual: Jan. 1–Dec. 31. Massachusetts State Law requires all dogs 6 months and older be licensed in their respective town or city, and have proof of a current rabies vaccination on file.

All Kennels must be inspected by the Animal Control Officer.

5-9 dogs, \$50.00 *~* 10 or more dogs, \$60.00

An additional fee of \$15.00 will be charged for previously licensed kennels renewing ON/AFTER June 1st.

Owner's Name: _____ Email: _____

Name of Kennel if Commercial: _____

Street Address: _____ PO Box: _____

CONTACT NUMBER(S) REQUIRED: _____

1. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered Spayed Unaltered Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

2. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered Spayed Unaltered Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

3. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered Spayed Unaltered Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

4. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered Spayed Unaltered Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

5. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered Spayed Unaltered Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

6. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered Spayed Unaltered Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

7. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered Spayed Unaltered Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

8. Dog's Name: _____ RENEWAL NEW MOVED DECEASED

Neutered Spayed Unaltered Microchipped DOB/Age: _____

Rabies Exp. Date/Tag#: _____ Vet: _____

Breed(s): _____ Color(s): _____

Please use numbered spaces on the other side for additional dogs if necessary. Thank you!