

# Animal License 2024

DATE: \_\_\_\_\_

<b>Registration Type</b>	Re-Registration	New Registration
<b>Owner</b>		
<b>Address</b>		
<b>Phone</b>		
<b>Email</b>		

Please provide a copy of current proof of rabies vaccination as well as a spay/neuter certificate if applicable.

**Dog's Name:** \_\_\_\_\_

**Rabies Certificate Number:** \_\_\_\_\_ **Valid Through:** \_\_\_\_\_

<b>Animal Information</b>	
Age:	Sex: M F
Breed:	Altered: Y N
Color:	Size: S M L

**Internal Use:** Male: \$11.00 | Female: \$13.00 | Altered: \$9.00

**New Tag Number:** \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

**Rabies Certificate Number:** \_\_\_\_\_ **Valid Through:** \_\_\_\_\_

<b>Animal Information</b>	
Age:	Sex: M F
Breed:	Altered: Y N
Color:	Size: S M L

**Internal Use:** Male: \$11.00 | Female: \$13.00 | Altered: \$9.00

**New Tag Number:** \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

**Rabies Certificate Number:** \_\_\_\_\_ **Valid Through:** \_\_\_\_\_

<b>Animal Information</b>	
Age:	Sex: M F
Breed:	Altered: Y N
Color:	Size: S M L

**Internal Use:** Male: \$11.00 | Female: \$13.00 | Altered: \$9.00

**New Tag Number:** \_\_\_\_\_

Dogs to be removed from our records: \_\_\_\_\_

Town Clerk Signature: \_\_\_\_\_



Licenses valid through:  
March 31, 2025

DATE: \_\_\_\_\_