

Remember to include a copy of a valid rabies certificate for each dog.

For additional dogs please print a new form

(DO NOT MAIL THIS PAGE)

Dog License Application Instructions

- You are only required to license a dog that is 6 months of age and older.
 - Dog licenses are free if the owner is 70 years of age or older
 - Make sure you include a copy of your dog's rabies certificate which includes the rabies expiration date.
 - You must provide all the information requested on the form including whether or not your dog is neutered or spayed. Other required information includes:
 - Your name
 - Street Address
 - Mailing Address, *if different*
 - Phone number
 - E-Mail (*Optional for Renewal Notification*)
 - Your dog's name
 - Specific Breed (i.e. Lab, Pug, Golden etc...)
 - Color
 - Age

Fees

Neutered & Spayed Dogs:	1 year \$10.00
Non-Neutered or Spayed Dogs:	1 year \$15.00

If you have any additional questions regarding this application please feel free to call the office at:

(508) 888-0340

or email us at:

townclerk@sandwichmass.org



TOWN OF SANDWICH

Dog License Application

Town Clerk's Office
100 Route 6A
Sandwich, Massachusetts 02563
(508) 888-0340

(Please do not send cash and make checks payable to "Town of Sandwich")

Include a self-addressed stamped envelope so we may return the license(s) to you.

NO CHARGE FOR RESIDENTS 70 AND OLDER

Please include a copy of your dog(s) rabies certificate.

*******WARNING*******
If you are licensing your dog after June 30th, you are subject to a \$5.00 late fee.

Dog Owners Name: _____
Street Address _____
Mailing Address: _____
E-Mail _____ *(For Renewal Notification)*
Telephone No: _____

Dog #1

Male Dog \$15 _____ Female Dog \$15 _____ Neutered Male \$10 _____ Spayed Female \$10 _____

Name of Dog: _____
Breed: _____
Color: _____
Age: _____

Veterinarian Clinic Name _____ Rabies Expiration Date: _____

Dog #2

Male Dog \$15 _____ Female Dog \$15 _____ Neutered Male \$10 _____ Spayed Female \$10 _____

Name of Dog: _____
Breed: _____
Color: _____
Age: _____

Veterinarian Clinic Name _____ Rabies Expiration Date: _____