## **DOG LICENSE APPLICATION**

Applications due by March 31st.

Charlemont Town Clerk P.O. Box 605 Charlemont, MA 01339 413-339-4335 x 7

## required information:

OWN	ER- First and last names:				
	Owner's Residential Address (No PO Box):				
	Owner's Mailing Address:				
	Home Phone Number:				
K-9 -	Name:	-			
	Breed:	-			
	Color:				
	Age:(yrs)(mo	onths)			
	Is the K-9 Spayed or Neutered:	Yes	No		
	Rabies information (attach veterinary certificate) Your application will not be considered if the Rabies Certificate and/or the Spay/Neuter Certificate are not attached.				
	Rabies Expiration Date:/(month) / (da	te) / (year)			

**FEES AND MAILING** 

MAKE CHECKS PAYABLE TO "THE TOWN OF CHARLEMONT"

PLEASE ENCLOSE A SELF ADDRESSED RETURNED STAMPED ENVELOPE

\$ 5.00 for altered dogs (SPAYED OR NEUTERED)

\$10.00 for dogs not altered

ADDITIONAL \$ 10.00 LATE FEE ASSESSED ON APRIL 1ST.

If you have any questions please call the number listed above. PLEASE SUBMIT ONE APPLICATION PER DOG