

TOWN USE ONLY:

Received: _____ Paid: _____ RABIES EXPIRES: _____ TAG #: _____

TOWN OF BOYLSTON 2008 DOG LICENSE APPLICATION

IN ORDER TO REGISTER YOUR DOG(S), YOU MUST SUBMIT THE FOLLOWING:

1. Copy of current Rabies Certificate .if, current since last year I have a copy.
2. Copy of Spaying/Neutering Certificate (if license is for 1st time)
3. Check made out to: TOWN OF BOYLSTON
4. **Self-Addressed Stamped Envelope (necessary to mail tags to you)**

FEES: \$10.00 all dogs

DATE: _____ OWNER'S NAME: _____

HOME PHONE: _____ STREET ADDRESS: _____

DOG'S NAME:

AGE:

BREED:

COLOR(S):

SEX:

(circle one)

MALE

SPAYED FEMALE

FEMALE

PLEASE MAIL TO: (you may also return this form with your Census)

TOWN CLERK'S OFFICE

221 Main Street

Boylston, MA 01505

Please note that all dogs must be licensed by **April 1st** of each year, otherwise a \$10 late fee will be charged.