

Town use only:
Received: _____ Paid: _____ Rabies Expired: _____ Tag # _____

TOWN OF BOYLSTON 2015 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. Check made out to: Town of Boylston
3. **Self-addressed stamped envelope – to mail tags to you**

FEE: \$10.00 PER DOG

Date: _____ OWNER'S NAME: _____

HOME PHONE NUMBER: _____

STREET ADDRESS _____

DOG'S NAME _____

AGE: _____

BREED: _____

COLOR: _____

SEX: MALE _____ SPAYED FEMALE _____ FEMALE _____

**PLEASE MAIL TO:
TOWN CLERK'S OFFICE
221 MAIN ST.
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.