



# DOG LICENSE APPLICATION

## STURBRIDGE TOWN CLERK

Please print out this page and submit with your current rabies and a SASE with check payable to:

Town of Sturbridge - Sturbridge Town Clerk  
308 Main Street  
Sturbridge, MA 01566

**FEES: \$10.00 Spayed / Neutered - \$15.00 Intact + \$25.00 Late Fee after March 31st**

OWNER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

VETERINARIAN /SHELTER: \_\_\_\_\_

### DOG #1

Check one: Male Intact: ☐ Male Neutered: ☐ Female Intact: ☐ Female Spayed: ☐

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Tattoo: Yes \_\_\_\_\_ No: \_\_\_\_\_

### DOG #2

Check one: Male Intact: ☐ Male Neutered: ☐ Female Intact: ☐ Female Spayed: ☐

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Tattoo: Yes \_\_\_\_\_ No: \_\_\_\_\_

### DOG #3

Check one: Male Intact: ☐ Male Neutered: ☐ Female Intact: ☐ Female Spayed: ☐

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Tattoo: Yes \_\_\_\_\_ No: \_\_\_\_\_