| DOG LICENSE Application | | | |
| --- | --- | --- | --- |
| YOUR Information | | | |
| Name: | | | |
| Email: | | Cell: | Phone: |
| Address: | | | |
| City: | | State: | ZIP Code: |
| VETERINARIAN Information | | | |
| Name: | | | |
| Address: | | |  |
| Phone: | | E-mail: | Fax: |
| City: | | State: | ZIP Code: |
| Doctor: | | | |
| DOG #1 INFORMATION | | | |
| Name: | | | |
| Breed: | | Color: | Male/Female: |
| Date of Birth/Age: | | Rabies Expiration Date: | Spayed or Neutered: |
| DOG #2 iNFORMATION | | | |
| Name: | | | |
| Breed: | | Color: | Male/Female: |
| Date of Birth/Age: | | Rabies Expiration Date: | Spayed or Neutered: |
| DOG #3 INFORMATION | | | |
| Name: | | | |
| Color/Breed: | | Male/Female: |  |
| Date of Birth/Age: | | Rabies Expiration Date: | Spayed or Neutered: |
| DOG #4 INFORMATION | | | |
| Name: | | | |
| Breed: | Color: | | Male/Female: |
| Date of Birth/Age: | Rabies Expiration Date: | | Spayed or Neutered: |
| FEES – Please make checks out to the Town of sunderland | | | |
| # of spayed or neutered dogs: | | $10.00 per dog | Total: $ |
| # of unaltered dogs: | | $15.00 per dog | Total: $ |
|  | | Grand Total: | $ |
| Signatures | | | |
| I authorize that the information provided on this form as true and accurate. | | | |
| Signature of applicant: | | | Date: |
|  | | |  |

**Office of the Town Clerk**

Town of Sunderland

12 School Street

Sunderland, MA 01375