| 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