

DOG LICENSE REQUEST FORM

Please print out this form and return to:

Plainville Town Clerk
P.O. Box 1717
Plainville MA 02762

Full name of Owner (must be at least 18 years of age)

First

Middle

Last

Residence:

Number

Street

Apt#

Phone #

Mailing Address:

DOG INFORMATION:

Name of Dog _____

Check One:

Male [] Male Neutered [] Female [] Female Spayed []

Provide Veterinarian Certificate if registering for the first time.

Color (s) _____

Breed (s) _____

Date of Dog's Birth: _____

Month

Day

Year

Please include a copy of the veterinarian rabies vaccination certificate.

Annual License Fee: Male: \$30.00 Female: \$30.00
 Neutered Male: \$10.00 Spayed Female: \$10.00

Make check payable to the **Town of Plainville.**
Include a self-addressed stamped envelope.