



# TOWN OF BEACON FALLS

## TOWN CLERK'S OFFICE

10 Maple Ave. Beacon Falls, CT 06403

### APPLICATION FOR DOG LICENSE

DOG LICENSES EXPIRE JUNE 30<sup>TH</sup>

DOGS MUST BE RE-LICENSED EVERY JUNE (ON OR BEFORE JUNE 30)

*A license is a lost dog's ticket home. Licensing provides vaccination and sterilization benefits for pets.*

- All dogs over 6 months old must be licensed
- All dogs must be licensed by June 30<sup>th</sup> of each year. A one dollar fee will be charged for each month late.
- All dogs must have current rabies vaccination.
- Provide Spay/Neuter Certificate upon submission of first time application (if applicable)

Dog's Name \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Dog's Breed \_\_\_\_\_ Color: \_\_\_\_\_

Male \_\_\_\_\_ Male Neutered \_\_\_\_\_ Female \_\_\_\_\_ Female Spayed \_\_\_\_\_

#### OWNER INFORMATION

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Fee Schedule (please check one):

*Payment must be in the form of personal check or money order made out to: **Town of Beacon Falls Clerk***

\_\_\_\_\_ Male \$19.00

\_\_\_\_\_ Female \$19.00

\_\_\_\_\_ Male/Neutered \$ 8.00

\_\_\_\_\_ Female/Spayed \$ 8.00

Amount Enclosed: \_\_\_\_\_

Please mail a **COPY** of the following with the application:

\_\_\_\_\_ Rabies Vaccination Certificate      Spay/Neuter Certificate (if applicable) \_\_\_\_\_

Applicants **must** include a self-addressed, stamped envelope along with payment, application and copies of certificates. Information can be mailed to the address at the top of the page.