



# TOWN OF MAYNARD

## OFFICE OF THE TOWN CLERK

### **DOG LICENSE APPLICATION**

#### **DOG LICENSE FEES**

Spayed/Neutered  
\$10.00

Intact  
\$15.00

Owner(s)- Age 70+  
No Fee

Make check payable to the Town of Maynard and mail with a self-addressed, stamped envelope (SASE):

Town Clerk  
195 Main Street  
Maynard, MA 01754

*Mailed submissions that do not include a SASE will be available for pick-up only.*

**DOG LICENSES WILL NOT BE PROCESSED WITHOUT A CURRENT RABIES CERTIFICATE.**  
Applications and fees will be returned if the rabies certificate is expired and could result in additional late fees and/or fines.

#### **OWNER INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Veterinarian Office: \_\_\_\_\_

#### **DOG INFORMATION**

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Color: \_\_\_\_\_ Rabies Exp: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  Neutered  Spayed

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Color: \_\_\_\_\_ Rabies Exp: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  Neutered  Spayed

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Color: \_\_\_\_\_ Rabies Exp: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  Neutered  Spayed

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Color: \_\_\_\_\_ Rabies Exp: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  Neutered  Spayed