

# TOWN OF WHITESTOWN DOG LICENSE APPLICATION

**OWNER:**

\_\_\_\_\_  
Last Name                      First Name

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City/ State/ Zip

\_\_\_\_\_  
Email address

**PROOF OF CURRENT  
RABIES CERTIFICATE:**

\_\_\_\_\_  
Vaccine: Type/Date

**DOG IDENTIFICATION**

\_\_\_\_\_  
Dog Breed                      Dog Color(s)

\_\_\_\_\_  
Microchip # (if applicable)

\_\_\_\_\_  
Markings

\_\_\_\_\_  
Dog's Name                      Dog's year of birth

\_\_\_\_\_  
Veterinarian

- Male
- Neutered Male  
(Proof required)
- Female
- Spayed Female  
(Proof required)

<p><b>FEES:</b></p> <p>Spayed/ Neutered:                      \$11.00</p> <p>Unspayed/Unneutered:                      \$22.00</p> <p>Exempt dogs (must provide proof):                      \$0.00</p>	<p style="text-align: center;"><b>Town Clerk use only:</b></p> <p>License #: _____</p> <p>Issue Date: _____</p>
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