



TOWN OF RICHMOND 2021 DOG LICENSE FORM

In order to license your dog(s) we will need the following:

1. A copy of a valid rabies certificate.
2. A copy of a certificate proving spaying/neutering (only if first time licensing)
3. This form filled out with your dogs information
4. A fee of **\$5 per dog if spayed/neutered or \$10 per dog if not spayed or neutered**

Please complete the information below and include your payment (made payable to Town of Richmond) with the census form and mail back to:

Town Clerk
 1529 State Road
 Richmond, MA 01254

We will mail your dog license tag back to you as soon as possible.

As a reminder - **All dogs six months or older must be licensed by March 31, 2021. Dogs licensed after that date will be assessed a \$5 late fee.**

Owner Name: _____

Address: _____

Phone Number: _____

| | |
|-------------------------------|------------------|
| New: _____ | Renewal: _____ |
| Dog Name: _____ | |
| Breed: _____ | Color: _____ |
| Male/Female: _____ | Spay/Neut: _____ |
| Date of Birth: _____ | |
| Rabies Expiration Date: _____ | |
| New: _____ | Renewal: _____ |
| Dog Name: _____ | |
| Breed: _____ | Color: _____ |
| Male/Female: _____ | Spay/Neut: _____ |
| Date of Birth: _____ | |
| Rabies Expiration Date: _____ | |

| | |
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| New: _____ | Renewal: _____ |
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| Male/Female: _____ | Spay/Neut: _____ |
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| Dog Name: _____ | |
| Breed: _____ | Color: _____ |
| Male/Female: _____ | Spay/Neut: _____ |
| Date of Birth: _____ | |
| Rabies Expiration Date: _____ | |

Thank you and have a great day!
 Angela Garrity
 Town Clerk

New: _____ Renewal: _____
Dog Name: _____
Breed: _____ Color: _____
Male/Female: _____ Spay/Neut: _____
Date of Birth: _____
Rabies Expiration Date: _____

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