

Application

Name		
Street		
City	State	Zip
Telephone Number ()		
Dog's Name		
Predominant Breed		
Color	Dog's Date of Birth	

FEE SCHEDULE (Please check one)

- Male/ Female \$ 19.00
 Male/ Neutered \$ 8.00
 Female/ Spayed \$ 8.00

Amount enclosed \$ _____

Please mail a **copy** of the following with this application:

- Rabies Vaccination Certificate
 Spay/Neuter certificate (if applicable)

Note: Applicants **must** include a self-addressed stamped envelope. Please mail this application to your local Town Clerk.

For more information, please contact your Town Clerk or Municipal Animal Control Officer.

THIS FORM MAY BE REPRODUCED.

Provided as a courtesy by the Connecticut Department of Agriculture.

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