

Application

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

FEE SCHEDULE (Please check one)

- | | |
|--|---------|
| <input type="checkbox"/> Male/Female | \$19.00 |
| <input type="checkbox"/> Male Neutered | \$ 8.00 |
| <input type="checkbox"/> 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:

Brookfield Town Clerk
PO Box 5106
Brookfield, CT 06804

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