TOWN OF BELCHERTOWN
Theresa A. Camerlin, Town Clerk
2 Jabish St, Rm 201; PO Box 629
Belchertown, MA 01007-0629
tel. 413-323-0281 | fax. 413-323-0107
clerk@belchertown.org
www.belchertown.org/289/Town-clerk

OFFICE HOURS
Mon - Fri: 8:00am - 5:00pm

2026 DOG LICENSE APPLICATION AND RENEWAL FORM

DUE DATE
January 31, 2026

LICENSING FEES	
Altered (spayed or neutered)	$10.00
Non-altered	$15.00
Late Penalty on February 1	+ $10.00
Late Penalty on March 1	+ $30.00
Late Penalty on April 1	+ $50.00

It is time to register or renew a license for your dog.
If you no longer own your dog, please notify the Town Clerk's Office.

BY MAIL or DROP OFF

Complete the application form below, verifying owner information, street address, and pet description(s). Enclose the form in an envelope, including rabies certificate, proof of spay / neuter if first registration, and a check or money order for the total payable to **Town of Belchertown**. Do not send cash. Mail to the Town Clerk or drop it off in the drop box located at Town Hall.

ON-LINE

Purchase or renew licenses online at www.doglicenses.us/MA/Belchertown using the Account ID and Password below. Credit card payments only. Per license convenience fee applies. Rabies certificate and proof of spay / neuter if first registration are required. These may be mailed, emailed to clerk@belchertown.org, or attached to the order during check-out.

Account ID: Password:

All dogs six months or older located within the Town of Belchertown must be licensed. Licenses are renewable annually and are valid January 1 thru December 31. **Licenses will only be issued for dogs with current rabies vaccination.** Purchased licenses are non-refundable and non-transferable. Tags must be worn by dogs at all times. If your dog should become lost, please contact the Animal Control Officer at 413-519-1754.

Color Codes: BL=Black; **WH**=White; **GR**=Gray; **BD**=Brindle; **TA**=Tan; **BR**=Brown; **YE**=Yellow; **RE**=Red; **TRI**=Tri-Color

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2 Jabish St, Rm 201; Belchertown, MA 01007-0629

APPLICATION for the registration of dog(s) for the year 2026

Age		Sex	Spay /	Color									Breed	Dog Name	Microchip	Rabies Expire	Fee
YRs	MOs	(M/F)	Neut	BL	WH	GR	BD	TA	BR	YE	RE	TRI				(m/d/y)	

By signing below, for each of the animals listed here, I certify that I am their owner and they have a current rabies vaccination.

☐ Mail me my tags $1.00

Total

Owner Information

Name _____

Street Address _____

Mailing Address _____
if different (e.g. PO Box)

City _____ State _____ ZipCode _____

Signature of Applicant _____

Date Signed _____

Phone 1 _____ Phone 2 _____

Email _____