

TOWN CLERK TOWN OF BRIMFIELD

Debra J. Fagerstrom, Town Clerk

23 Main St Brimfield, MA 01010 Phone: (413) 245-4100 x1107 Email: townclerk@brimfieldma.org Website: www.brimfieldma.org

DOG LICENSE APPLICATION

DUE DATE

Our records indicate it is time to renew your dog license. All dogs six months or older must be licensed. Rabies vaccination must be current at the time of purchase. Tags are not transferable and must be worn by licensed dog.

ON-LINE

Register your dog on-line at www.doglicenses.us/MA/Brimfield. Credit card payment only. To access your pre-filled online form, use the following Account ID and Password.

Account ID: Password:

BY MAIL

Detach and complete the application below. Enclose a check or money order for the total payable to: **Town of Brimfield**. Please do not send cash. Mail to the Town Clerk at the address above.

IN PERSON

Licenses can be purchased at the office of the Town Clerk. Check, money order or cash accepted. Please bring the completed application with you.

Take Note. If the rabies expiration date shown below is not current or accurate, you must send a copy of the rabies certificate by postal mail, email attachment, or dropping it off at the Town Annex. We cannot issue a dog tag without one. Also, owners with dogs having a 3-year rabies vaccination may now choose a 3 year license. Please consider including your email for reminders to be sent to you. Please call if you have questions.

detach, complete and return	with payment
Color Codes: BL = Black; WH = White; GR = Gray; BD = Brindle; TA = Tan; BR = Brown; BR =	YE=Yellow; RE=Red; TRI=Tri-Color

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

Town of Brimfield 23 Main St; Brimfield, MA 01010

Age		Sex	Spay /				C	Colo	r				Breed	Dog Nama	Rabies	Fee	
				BL WH GR BD TA BR YE RE TRI					BR	YE	RE	TRI	bleed	Dog Name		Expire	ree
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	By signing below, for each of the animals listed here, I certify that I am	Total				
Owner Information	their owner and they have a current ra					
Name:	Signature of Applicant					
Street Address:	Date Signed					
Mailing Address: different (e.g. PO Box)	Phone 1 Phone 2					
City: State: ZipCode:	Email					