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

LICENSING FEES:	
Non-spayed or -neutered, 1 year	$20.00
Non-spayed or -neutered, 3 year	$50.00
Spayed or neutered, 1 year	$12.00
Spayed or neutered, 3 year	$30.00
Replacement dog tag	$1.00
Unlicensed Penalty	$50.00+

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; **YE**=Yellow; **RE**=Red; **TRI**=Tri-Color

Town of Brimfield
23 Main St; Brimfield, MA 01010

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

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

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

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 _____