



**TOWN CLERK
TOWN OF BRIMFIELD
21 Main St; PO Box 508
Brimfield, MA 01010**

**www.brimfieldma.org
townclerk@brimfieldma.org**

OFFICE HOURS
Mon, Thu: 2:30pm - 7:00pm
Tue: 4:00pm - 7:00pm
Other: by appointment

ph: 413-245-4100 x1107

2019 DOG LICENSE APPLICATION

**DUE DATE
March 31, 2019**

LICENSING FEES:	
Non-spayed or -neutered, 1 year	\$16.00
Non-spayed or -neutered, 3 year	\$36.00
Spayed or neutered, 1 year.....	\$8.00
Spayed or neutered, 3 year.....	\$18.00
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.

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, dropping it in the mailbox outside the Town Hall doors or stopping by during office hours. We cannot mail out a dog tag without one. Also, owners may now choose a 3 year license if rabies vaccination does not expire prior to January 1, 2022. 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

APPLICATION for the registration of dog(s) for the year 2019

Town of Brimfield
21 Main St; PO Box 508; Brimfield, MA 01010

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