

# 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 <u>www.doglicenses.us/MA/Brimfield</u>. 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. 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 2024 23 Main St; Brimfield, MA 0101																	
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L														By signing below, for each of the animals listed here, I certify that I am			
Own	Owner Information													their owner and they have a current rabies vaccination.			
Name	Name:												Signature	Signature of Applicant			
Street	Street Address:												Date Sign	Date Signed			
Mailing Address: if different (e.g. PO Box)													_	1 Phone 2			
City: State: ZipCode:											de: _		Email	·			