CITY OF GREENFIELD

Kathryn Scott, City Clerk
14 Court Square, Rm 104
Greenfield, MA 01301
tel. 413-772-1555
cityclerk@greenfield-ma.gov

OFFICE HOURS
Mon - Fri: 8:30am - 4:45pm

DOG LICENSE APPLICATION, RENEWAL AND REMINDER FORM

DUE DATE
March 31, 2026

LICENSING FEES	
Non-altered	$25.00
Altered (spayed or neutered)	$20.00
Replacement tag	$5.00
Late Penalty applied on June 1st	$40.00

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

BY MAIL or DROP OFF

Complete the application form below, verifying that the information is correct. Please return the form including a current rabies certificate and a check or money order for the total amount due payable to the **City of Greenfield** either by mail or in the secure drop box located at the top of the accessibility ramp at City Hall.

IN PERSON

Come to the Office of the City Clerk during office hours. Please bring rabies certificate and this completed application with you.

ON-LINE

Purchase or renew licenses online at **www.doglicenses.us/MA/Greenfield**. Credit card payments only. Per license convenience fee applies. Rabies certificate(s) must be attached to the order during check-out.

Account ID: Password:

All dogs six months or older located within the City of Greenfield must be licensed. Licenses are renewable annually and are valid January 1 thru December 31. **No license is issued for a dog not having a current rabies vaccination.** The license fee is waived for service dogs. These should be applied for in person or by mail and the application must include valid proof of 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 Franklin County Sheriff's Office, Animal Control at 413-774-7340.

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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14 Court St, Rm 104; Greenfield, MA 01301

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

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

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 _____