

Mailing Address if different (e.g. PO Box)

_____ State _____ ZipCode _____

TOWN OF HOLLAND

Office of the Town Clerk 27 Sturbridge Rd Holland, MA 01521 tel. 413-245-7108 x102 | fax. 413-245-7037 town.holland.ma.us/town-clerk

OFFICE HOURS Mon - Thu: 9:00am - 2:00pm

LICENSING FEES

2026 DOG LICENSE APPLICATION AND RENEWAL FORM

													r your dog. Ty the Town Clerk's Office.		Non-altered			
BY]	MAI	L or	DRO	P (<u>)</u> FI	<u>F</u>												
enve	lope	. Incl	ude ra	abie	es c	ert	ifica	te	and	d a	ch	ecl	g owner information, street address, or money order for the total payab at the drop box located outside Ho	le to Town o	f Holland.	Do not send		
ON-	LIN	E																
Per 1	icens	se coi		enc	e fe	e a	ippli	es	s. R	abi	ies	cei	icenses.us/MA/Holland using a pri tificates are required and may be at ; .					
													pove and you are registering more t rson at the Town Clerk's office. Ho					
valio non- Ani i	l July refur nal (y 1 th ndable C ont i	ru Jui e and rol O	ne 3 noi ffic	80.] n-tr er a	Lic ans at 4	sfera 113-	es .bl 24	wi le. [l5-(ll o Tag)11	nly gs 1 7 2	y b mu: x35		ir rabies vac our dog shou	ccinations.	Purchased lic	enses are	
Colo	r Cod	es: BI	∠=Blac	k; V	VH=	₩ŀ	nite; (GR	t=G	ray	; Bl	D=I	rindle; TA =Tan; BR =Brown; YE =Yellow	; RE =Red; TRI	=Tri-Color	Tow	n of Hollan	
$\overline{}$			or the	_	strat	tion		_		or t	he :	yea	2026		27 Sturbri	dge Rd; Holland		
A			Spay /		kvvvl	CD	Co BD T	_		ve l	DE	hny	Breed Do	Oog Name	Microchip	Rabies Expire	Fee	
IKS	MOs	(M/F)	Neut	BL	wн	GK	врп	A	вк	YE	KE	IKI				(m/d/y)		
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Owner Information													By signing below, for ear listed here, I certify that I and they have a current r	am their owner		l me my tags Total	\$1.00	
Name													Signature of Applicant	<u> </u>				
Street	treet Address												Date Signed					

Phone 1 _____ Phone 2 _____