



**TOWN OF HOLLAND**  
Office of the Town Clerk  
Valerie Lundin, 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 - 12:00pm  
Mon: 4:00pm - 5:00pm

**2024 DOG LICENSE APPLICATION AND RENEWAL FORM**

**DUE DATE**  
**August 1, 2024**

**It is time to register or renew a license for your dog.**

If you no longer own your dog, please notify the Town Clerk's Office.

LICENSING FEES	
Non-altered .....	\$20.00
Altered (spayed or neutered) .....	\$10.00

**BY MAIL or DROP OFF**

Complete the application form below, verifying owner information, street address, and pet description(s). Enclose the form in an envelope. Include rabies certificate and a check or money order for the total payable to **Town of Holland**. Do not send cash. Mail to the Town Clerk or drop it off in person at the drop box located outside Holland Town Hall, 27 Sturbridge Rd.

**ON-LINE**

Purchase or renew licenses online at [www.doglicenses.us/MA/Holland](http://www.doglicenses.us/MA/Holland) using a prior license numebr. Credit card payments only. Per license convenience fee applies. Rabies certificates are required and may be attached to the order during check-out, mailed, faxed, or emailed to [townclerk@hollandma.org](mailto:townclerk@hollandma.org).

All dogs six months or older located within the Town of Holland must be licensed. Licenses are renewable annually and are valid July 1 thru June 30. **Licenses will only be issued for dogs current with their rabies vaccinations.** 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 **Animal Control Officer at 413-245-0117 x350**.

**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

Town of Holland  
27 Sturbridge Rd; Holland, MA 01521

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

**Owner Information**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

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

Total

\$1.00

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_