



TOWN OF LANESBOROUGH

Ruth A. Knysh, Town Clerk
83 North Main Street; PO Box 1492
Lanesborough, MA 01237
tel. 413-442-1351 | fax. 413-443-5811
rknysh@lanesborough-ma.gov
www.lanesborough-ma.gov

OFFICE HOURS
Mon - Thu: 8am - 3pm
(closed 12pm - 1pm)
Mon Evening: 5pm - 7pm

DOG LICENSE APPLICATION AND RENEWAL FORM

DUE DATE
March 31, 2026

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
Late Penalty after DUE DATE	\$25.00

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, proof of spay or neuter if first registration, and a check or money order for the total payable to **Town of Lanesborough**. Mail to the Town Clerk or use the drop box located at Newton Memorial Town Hall, 83 N. Main St. License(s) and tag(s) will be mailed to owner.

ON-LINE

Purchase or renew licenses online at www.doglicenses.us/MA/Lanesborough using the Account ID and Password below. Credit card payments only. Per license convenience fee applies. Rabies certificates are required and may be attached to the order, mailed, faxed or emailed to town.clerk@lanesborough-ma.gov.

Account ID:

Password:

All dogs six months or older located within the Town of Lanesborough 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.** 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 413-443-4107**.

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 2026

Town of Lanesborough
PO Box 1492; Lanesborough, MA 01237

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						
By signing below, for each of the animals listed here, I certify that I am their owner and they have a current rabies vaccination.																	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 _____