

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, 2024

LICENSING FEES	
Non-altered	\$20.00
Altered (spayed or neutered)	\$10.00
Late Penalty after DUE DATE	\$25.00

BY MAIL or DROP OFF

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

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 <u>www.doglicenses.us/MA/Lanesborough</u> 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:

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

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

Town of Lanesborough APPLICATION for the registration of dog(s) for the year 2024 PO Box 1492; Lanesborough, MA 01237 Color Age Sex Spay / Rabies Expire Microchip Breed Dog Name Fee YRs MOs (M/F) Neut BL WH GR BD TA BR YE RE TRI (m/d/y)By signing below, for each of the animals Total listed here, I certify that I am their owner and they have a current rabies vaccination. **Owner Information** Name: Signature of Applicant Street Address: Date Signed Mailing Address: Phone 2 if different (e.g. PO Box) Phone 1 _____ State: _____ ZipCode: _____ City: ____ Email ____