

## TOWN OF NATICK

Office of the Town Clerk Andrew Ghobrial, Town Clerk 13 East Central St. Natick, MA 01760 tel. 508-647-6430 x4 www.natickma.gov

# OFFICE HOURS

Mon-Wed: 8:00am - 4:30pm Thu: 8:00am - 6:00pm Fri: 8:00am - 12:30pm

### DOG LICENSE APPLICATION AND RENEWAL FORM

# REGISTRATION DEADLINE March 01, 2026

	LICENSING FEES PER DOG								
	Non-altered . Replacement	d (spayed or neutered)lteredement tagenalty after DEADLINE							
	ccount ID and <b>d</b> and can be a			it card					
	, and pet desc le to <b>Town of</b>								
io n	re renewable ar on. The license -refundable and trol Officer at dogs must obta	fee is waived I non-transfe 508-647-95	l for residents rable. Tags m <b>00. A late pe</b> r	70 years ust be nalty of					
 OW	v; <b>RE</b> =Red; <b>TRI</b>			wn of Natick					
	Dog Name	13 East Ce	entral St.; Natic Rabies Expire (m/d/y)	k, MA 01760 Fee					
at	ach of the animals I am their owner rabies vaccination.	☐ Mail	me my tags Total	\$1.00					
t _									

# It is time to register or renew your dog license.

If you no longer own your dog, please notify the Town Clerk's Office at 508-647-6430 x4 or dogs@natickma.org.

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Purchase or renew licenses online at <a href="www.doglicenses.us/MA/Natick">www.doglicenses.us/MA/Natick</a> using the Account ID and Password below. Credit card payments only. License convenience fee applies. **Rabies certificates are required** and can be attached to the order.

Account ID: Password:

### **BY MAIL or IN-PERSON**

Complete the application form below, verifying owner information, street address, and pet description(s). Enclose the form in an envelope, including **rabies certificate**, a check or money order for the total payable to **Town of Natick**. Do not send cash. Mail to the Office of the Town Clerk at 13 E Central St, Natick, MA 01760.

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

APPL	PPLICATION for the registration of dog(s) for the year 2026										13 East Central St.; Natick, MA 017						
Age		Sex	Spay /	Color									Breed	Dog Name	Microchip	Rabies Expire	Fee
YRs	MOs	IOs (M/F) Neut		BL	BL WH GR BD TA			BR YE		E RE T		Dog Name		whereemp	(m/d/y)	1 00	
										By signing below listed here, I certi	☐ Mail	me my tags	\$1.00				
Owner Information														and they have a current rabies vaccination.		Total	

Owner Information			and they have a current rabies vaccination.	Tot
Name			Signature of Applicant	
Street Address			Date Signed	
Mailing Address f different (e.g. PO Box)			Phone 1 Phone 2	
City	State	ZinCode	Email	