



TOWN OF STERLING

Office of the Town Clerk
 1 Park Street
 Sterling, MA 01564

978-422-8111 x2307
 www.sterling-ma.gov/town-clerk

OFFICE HOURS
 Mon - Thu: 7:30 - 5:00
 Fri: 7:30 - 11:30
 Closed for lunch, 12:00 - 12:30

2018 DOG LICENSE APPLICATION AND RENEWAL FORM

DUE DATE
April 17, 2018

LICENSING FEES	
Non-altered	\$12.00
Altered (spayed or neutered)	\$8.00
Senior (70+) or Service	\$0.00
Late Penalty after DUE DATE	\$25.00

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

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 a check or money order for the total payable to **Town of Sterling**. Do not send cash. Mail to the Town Clerk or drop off 24/7 at the grey box outside the Butterick Municipal Building at 1 Park Street.

IN PERSON

Come to the Office of the Town Clerk during office hours. Please bring the completed application with you.

ON-LINE

Purchase or renew licenses online at www.doglicenses.us/MA/Sterling. Credit card payments only. Per license convenience fee applies. To access your pre-filled form, use the Account ID and Password below,

Account ID: _____ Password: _____

All dogs six months or older located within the Town of Sterling must be licensed. Licenses are renewable yearly. Licenses are valid January 1 thru December 31. No license is issued for a dog not having a current rabies vaccination. The Town Clerk must have a copy of the rabies vaccination certificate on file before issuing a license. License to be sent via postal mail are subject to a \$2.00 fee for postage and packaging. Purchased licenses are non-refundable. Licenses are not transferable from one dog to another. Licenses must be worn by dogs. If you lose your dog, please contact Animal Control. If you have any questions, please contact the Town Clerk.

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 2018

Age		Sex (M/F)	Spay / Neut	Color										Breed	Dog Name	Rabies Expire	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

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Owner Information

Name: _____
 Street Address: _____
 Mailing Address: _____
if different (e.g. P.O. Box)
 City: _____ State: _____ ZipCode: _____

Signature of Applicant _____
 Date Signed _____
 Phone 1 _____ Phone 2 _____
 Email _____